

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/23/2019	Time of Crash 11:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 233 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000971		
License # --- St MA DOB/Age ---			Reg # 995RS2 Reg Type PAS Reg State MA			Veh Year 2017 Veh Make MERZ Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment		
Operator RAMIEL IRINA Last First Middle			Owner TRUST DAIMLER Last First Middle			Address 300 2ND AVE			Address 2050 (apt. 685) ROANOKE RD		
City NEEDHAM State MA Zip 02494			City ROANOKE State TX Zip 76262			Insurance Company PLYMOUTH ROCK ASSURANCE			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N			8 7 6 5 11 Totaled		
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator See Above 1 4 99 0 0 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 7533496 Reg Type CON Reg State MA			Veh Year 2017 Veh Make FORD Veh Config. 13 20			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment		
Operator ROBINSON TROAS K Last First Middle			Owner USPS Last First Middle			Address 211 SUMNER ST			Address 211 SUMNER ST		
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459			Insurance Company SELF UNSURED-U.S.P.S.			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N			8 7 6 5 11 Totaled		
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility			Operator/Non-Motorist See Above 1 4 99 0 0 10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of veh #1 initially stated she was about to back out her parking spot but was stopped when veh #2 backed into her vehicle. Operator of veh #1 later stated she backed out "only slightly" before stopping and that's when veh #2 backed into her car. Slight damage to rear passenger side of veh #1.

The operator of veh #2 (U.S.P.S. delivery truck) stated he was backing up and as he did, veh #1 also backed up and thats when they collided. No visible damage to veh #2. There were no witnesses or security cameras in the area.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code