

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/08/2019		Time of Crash 12:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 5 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9			
Route# Direction Name of Roadway/Street At				EAST 2014 WASHINGTON ST Route# Direction Address # Name of Roadway/Street				2				10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker Exit Number				3				11			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street				Landmark				12			
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 1900001021			
License # St DOB/Age				Reg # 173RR2 Reg Type PAS Reg State MA				13							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2017 Veh Make NISSAN Veh Config. 1 20				1							
Operator Last First Middle				Owner OBRIEN COURTNEY Last First Middle				12							
Address				Address 7 ALTHEA STREET				1							
City State Zip				City RAYNAM State MA Zip 02767				1							
Insurance Company METROPOLITAN				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				1							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage							
Citation # (If Issued)				Most Harmful Event 1 23				5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				6							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				6							
Please fill out for operator and all occupants involved				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code				13							
Name (Last First Middle) Address				Age/DOB Sex				2							
Operator See Above				-----				2							
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 # 2WA375 Reg Type PAS Reg State MA				13							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make VOLVO Veh Config. 1 20				1							
Operator TALCOTT JANE M Last First Middle				Owner (Same as operator) Last First Middle				1							
Address 20 LONGWOOD DRIVE (apt. 282)				Address				1							
City WESTWOOD State MA Zip 02090				City State Zip				1							
Insurance Company SAFETY				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)				1							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				10 Undercarriage							
Citation # (If Issued)				Most Harmful Event 2 23				5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24				6							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				6							
Please fill out for operator and all occupants involved				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code				13							
Name (Last First Middle) Address				Age/DOB Sex				2							
Operator/Non-Motorist See Above				-----				2							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

OWNER OF MV 1 STATED THAT WHILE HER MV WAS PARKED IN A LEGAL SPOT INSIDE THE PARKING GARAGE CONNECTED TO THE WHITE BUILDING OF NWH, MV 2 BACKED UP INTO MV 1 AS THEY WERE EXITING THE PARKING GARAGE. MV1 SUSTAINED MINOR DAMAGE AND MV 2 LEFT THE SCENE PRIOR TO EXCHANGING INFORMATION WITH THE OWNER OF MV 1. A WITNESS IDENTIFIED AS GERRY KAELEIN LEFT A NOTE FOR THE OWNER OF MV 1 STATING THAT HE OBSERVED AN ELDERLY COUPLE BACK INTO THEIR VEHICLE AT APPX. 11:20 AM AND LEFT MV 2.S VEHICLE INFORMATION FOR THEM. I CONTACTED WESTWOOD PD AND THEY HAD AN OFFICER RESPOND TIO THEIR ADDRESS TO NOTIFY THE OWNER OF THE MV TO CALL NEWTON PD REGARDING THE ACCIDENT. JANE TALCOTT CALLED ME AND SHE WAS ADVISED OF THE MINOR MV ACCIDENT SHE WAS IN AND SHE WAS ADVISED TO CONTACT HER INSURANCE COMPANY.

**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

**MATTHEW W COLELLA**    **NEWTON POLICE DEPART**    **10/08/2019**

Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

CDP1 11 -24:00