

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/12/2019		Time of Crash 21:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9	
Route# Direction Name of Roadway/Street At				NORTH 64 COLUMBUS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								4	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001039						3	
License # --- St MA DOB/Age ---				Reg # 7GE653 Reg Type PAN Reg State MA				Veh Year 2018 Veh Make SUBA Veh Config. 1 20				12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement				Operator YARKIN LAWRENCE Last First Middle				Owner EAN HOLDINGS LLC Last First Middle				1	
Address 601 COURTSIDE DR				Address 14002 (apt. 1500) EAST 21ST ST				City NAPLES State FL Zip 34105				5	
City NAPLES State FL Zip 34105				City TULSA State OK Zip 74134				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				13	
Insurance Company SAFECO				Event Sequence 2 22 22 22 22 2 23 1 9 8 7 6				10 Undercarriage 5 11 Totaled				2	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Most Harmful Event 2 23				Driver Contributing Code 19 24 24				6	
Citation # (If Issued) _____				Underride/Override 25 Towed N				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				7	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				8	
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 --- --- 99 4 4 0 0 10 1				YARKIN, REESA --- F 3 99 4 4 0 0 10 1				1	
Operator See Above				Veh Year 2020 Veh Make NISSAN Veh Config. 20				Owner EAN HOLDINGS LLC Last First Middle				1	
Address _____				Address 14002 (apt. 1500) EAST 21ST ST				City TULSA State OK Zip 74134				1	
City _____ State _____ Zip _____				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				Event Sequence 1 22 20 22 22 2 23 1 9 8 7 6				1	
Insurance Company SAFECO				Most Harmful Event 1 23				Driver Contributing Code 24 24				1	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Underride/Override 25 Towed N				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				1	
Citation # (If Issued) _____				Please fill out for operator and all occupants involved				Operator/Non-Motorist See Above --- --- ---				1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Columbus Street

Lincoln Street

64 Columbus Street

Unit 1

Unit 2

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 vehicle 1 stated he was driving North on Columbus Street, he misjudged how close a parked Vehicle 2 was to him as he approached and ended up sideswiping it. This caused damage to multiple areas of vehicle 2, including the rear drivers side bumper, quarter panel, tire, side view mirror and front hood. The impact also forced vehicle 2's front passenger side tire to press against the curb and damage the hub cap. Vehicle 1 sustained minor damage to the front passenger side corner of the car and rear passenger side quarter panel.

Vehicle 2 was parked and unoccupied during this event, it's plate of ME 58XN was run and came back to enterprise rental service. Since no one was available to apprise of the situation, I left a note on the vehicle to contact Newton Police for more info.

**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

THOMAS BANNON

NEWTON POLICE DEPART

10/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date