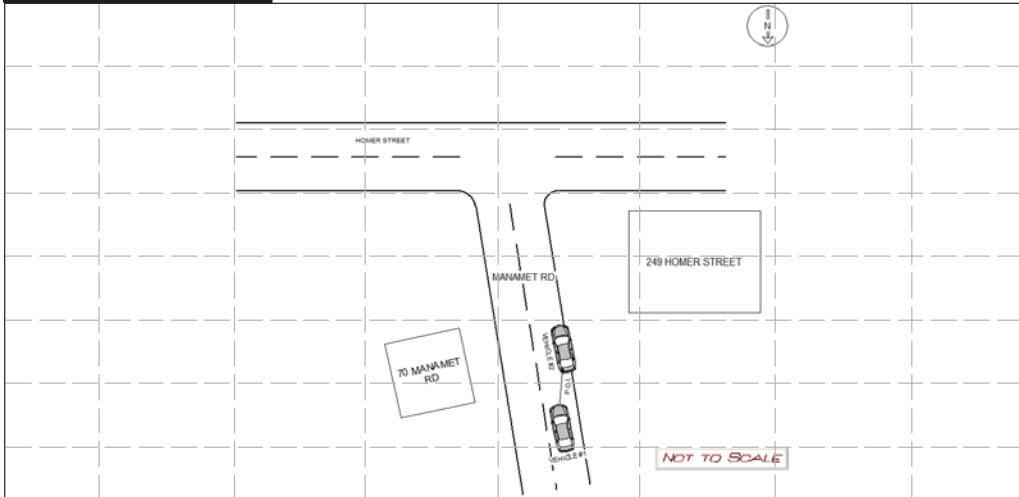


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/15/2019		Time of Crash 15:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				SOUTH 70 MANEMET RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001047			4	
License # _____ St _____ DOB/Age _____				Reg # 6MRL50		Reg Type PAN		Reg State MA		20			12	
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016		Veh Make SUBARU		Veh Config. 1		20			1	
Operator YAM ON ON Last First Middle				Owner YAM ANDREW Last First Middle		Address 25 ELLISON RD		City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash 1 21			1	
Address 25 ELLISON RD				Address 25 ELLISON RD		City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			13	
Insurance Company GEICO				Event Sequence 2 22 22 22 22		Most Harmful Event 2 23		Driver Contributing Code 19 24 13 24		Underride/Override 25 Towed Y		8		
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled			2	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility		Operator See Above ----- --- 1 4 4 0 0 10 1 NONE		YAM, ANDREW 25 ELLISON RD NEWTON, MA --- M 3 1 4 4 0 0 10 1 NONE						
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		13		
License # _____ St _____ DOB/Age _____				Reg # 551NV4		Reg Type PAN		Reg State MA		20			8	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2011		Veh Make SUBARU		Veh Config. 1		20			1	
Operator _____ Last First Middle				Owner DEVOE ELLEN R Last First Middle		Address 249 HOMER ST		City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash 11 21			1	
Address _____				Address 249 HOMER ST		City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)			2	
Insurance Company ARBELLA				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		8		
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled			2	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility		Operator/Non-Motorist See Above ----- ---								

→ 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:

Operator of Vehicle #1 stated that she was driving south on Manamet Rd and struck a parked vehicle #2.

Operator #1 stated that glare contributed to the crash. Vehicle #1 sustained front end damage and was towed from the scene by Atlantis Towing of Revere at the owners request.

Vehicle #2 was unoccupied and legally parked. Vehicle #2 sustained rear end damage. The owner was notified.

No injuries were reported.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MARK HATFIELD

NEWTON POLICE DEPT

10/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date