

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/02/2019	Time of Crash 18:57 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 5	Latitude	Longitude	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 45 FLORAL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001127	
License # --- St MA DOB/Age ---			Reg # 8WD778			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2015			Veh Make CHEVY			Veh Config. 2 20	
Operator WEBB DAVID			Owner (Same as operator)							
Address 238 PALFREY (apt. E)			Address							
City WATERTOWN State MA Zip 02472			City			State			Zip	
Insurance Company AMICA			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 2 22 22 22 22			10 Undercarriage			11 Totaled	
Citation # (If Issued)			Most Harmful Event 2 23			Driver Contributing Code 99 24 24				
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed N							
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 4 0 0 10 1			NONE	
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 # 383WT6			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2019			Veh Make AUDI			Veh Config. 2 20	
Operator MILLER CHRISTOPHER			Owner TSAY JESSICA							
Address 12 SOLON ST			Address 12 SOLON ST							
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461							
Insurance Company GEICO			Vehicle Action Prior to Crash 11 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			10 Undercarriage			11 Totaled	
Citation # (If Issued)			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed N							
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			10 1			NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

45 FLORAL STREET

FLORAL STREET

WALNUT STREET

NOT TO SCALE

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 he was backing out of a parking spot on Floral street and gently tapped Vehicle #2. Operator states that a vehicle was parked closely in front of his vehicle making it difficult for him to pull out of the parking spot. I observed no damage to Vehicle #1.

Operator of Vehicle #2 stated that he was walking on Floral Street back to his parked car. Vehicle #2 was unoccupied at the time of the crash. Operator of Vehicle #2 stated that he was approximately 10 feet away and saw the reverse lights of Vehicle #1 illuminate. He then heard what he believed to be a crash and observed his vehicle rock back and forth as Vehicle #1 backed into Vehicle #2. I observed no damage to Vehicle #2.

Both vehicles were driven from the scene and 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

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