

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/04/2019		Time of Crash 15:57 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				EAST 121 ADAMS ST 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	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001133						2	
License # --- St MA DOB/Age ---				Reg # 6NG378 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make NISSAN Veh Config. 2				20				12	
Operator WILKIE SANDRA JEAN Last First Middle				Owner (Same as operator) Last First Middle				20				12	
Address 136 RIDGE AVE				Address _____				20				12	
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____				20				12	
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage				13	
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled				13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled				13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				5 11 Totaled				13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13				13	
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				13				13	
Operator See Above				1 4 99 0 0 10 1				13				13	
Operator				1 4 99 0 0 10 1				13				13	
Operator				1 4 99 0 0 10 1				13				13	
Operator				1 4 99 0 0 10 1				13				13	
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				14 15 16 17				13				13	
License # --- St MA DOB/Age ---				Reg # 4JH177 Reg Type PAN Reg State MA				20				13	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 1997 Veh Make HONDA Veh Config. 1				20				13	
Operator USHER JR GERALD W Last First Middle				Owner (Same as operator) Last First Middle				20				13	
Address 22 RANDLETT PK				Address _____				20				13	
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____				20				13	
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage				13	
Citation # (If Issued) T2079940				Most Harmful Event 2 23				5 11 Totaled				13	
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 97 24 24				5 11 Totaled				13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				5 11 Totaled				13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13				13	
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				13				13	
Operator/Non-Motorist See Above				1 4 99 0 0 10 1				13				13	
Operator/Non-Motorist				1 4 99 0 0 10 1				13				13	
Operator/Non-Motorist				1 4 99 0 0 10 1				13				13	
Operator/Non-Motorist				1 4 99 0 0 10 1				13				13	

→ 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:

On Monday, November 4th, 2019 at approximately 1557 hours I, Officer Newton and Officer Healy responded to the municipal parking lot at 121 Adams St for a motor vehicle accident.

Upon arrival I spoke to the operator of vehicle 1. She stated she was sitting in her parked car when vehicle 2 backed out of his spot and struck the front of her car. I observed fresh damage to the driver's side bumper.

The operator of vehicle 2 told the operator of vehicle 1 he would be right back. Vehicle 2 then left the parking lot and never returned. It should be noted that this vehicle was involved in another collision after this one.

The operator of vehicle 2 stated he did not remember this accident when we asked him.

(Continued on next page)

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

As a result of my investigation, Mr Usher was issued Citation#T2079940 for a violation of
M.G.L.Ch.90/24-Leaving the Scene Property Damage. Based on the totality of the circumstances, an Immediate
Threat Request was faxed to the RMV, see Incident number 19047444.

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

RICHARD NEWTON

NEWTON POLICE DEPART

11/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date