

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/12/2019	Time of Crash 14:02 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:				
<div>11Route# Direction Name of Roadway/Street At</div> <div>2Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>295EAST CENTRAL ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001166	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator SHAFFET HOWARD L Address 44 FOXHILL RD City FRAMINGHAM State MA Zip 01701 Insurance Company GEICO			Reg # 574GS2 Reg Type PAS Reg State MA Veh Year 2010 Veh Make MAZD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 0 9 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 8 7 6							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 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							
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator WHITHAM VICTORIA Address 295 CENTRAL ST City NEWTON State MA Zip 02466 Insurance Company GEICO			Reg # 462WC1 Reg Type PAS Reg State MA Veh Year 2012 Veh Make TOYT Veh Config. 2 20 Owner WHITHAM DONNA Address 295 CENTRAL STREET City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 1 9 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed Y 8 7 6							
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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 --- --- 1 4 4 0 0 10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Unit 1

Unit 2

Central Street

#295 Central St

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 MV#1 stated that he was stopped in the area of #300 Central St while looking at a property in the area, when MV#2 backed into MV#1. Operator #1 stated he observed MV#2 backing towards him and used his horn to warn her.

The operator of MV#2 stated that she was backing out of her driveway at #295 Central St and didn't see any MV traveling on the roadway or hear a horn prior to backing into MV#1.

No injuries, no tows.

**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