

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/15/2019	Time of Crash 16:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 10 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:			
Route# Direction Name of Roadway/Street At			EAST 260 NEEDHAM ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				4			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001177	
License # --- St MA DOB/Age ---			Reg # 8WF253 Reg Type PAN Reg State MA			20				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make SUBA Veh Config. 1			7 12				
Operator VASIL JULIE			Owner (Same as operator)			1				
Address 1361 WALNUT ST			Address _____			1				
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____			1				
Insurance Company STANDARD FIRE INS			Vehicle Action Prior to Crash 11 21			13				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2				
Citation # (If Issued) _____			Most Harmful Event 2 23			3				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 1 24			4				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			5				
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			13				
Operator			See Above			2				
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 DOB/Age ---			Reg # 1YSV70 Reg Type PAN Reg State MA			20				
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make TOYT Veh Config. 1			1				
Operator CABRAL JAQUIANE			Owner (Same as operator)			1				
Address 29 UNDERHILL ST (apt. 1)			Address _____			1				
City WINTHROP State MA Zip 02152			City _____ State _____ Zip _____			1				
Insurance Company OCCIDENTAL FIRE			Vehicle Action Prior to Crash 4 21			13				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2				
Citation # (If Issued) T1442156			Most Harmful Event 2 23			3				
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 99 24			4				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			5				
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			13				
Operator/Non-Motorist			See Above			2				

→ 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:

OPMV#1 Was parked in the parking lot of Marshals located at 260 Needham St when she was attempting to exit her vehicle. When the OPMV#1 opened her car door, the door was struck by the OPMV#2. OPMV#1 Stated she was exiting her car and another vehicle wiped into the spot next to her.

OPMV#2 Was attempting to pull into a parking spot in the Marshals parking lot located at 260 Needham St when she struck the left drivers side door of the OPMV#1. OPMV#2 Stated the person parked in the spot didn't even check to see if it was clear to open her car door before she pulled into her spot.

OPMV#2 Was issued MA UNIFORM CITATION#T1442156 M.G.L. C.90 S.10 Unlicensed Operation. See INCIDENT REPORT#19049296.

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