

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/07/2019	Time of Crash 12:06 24HR	City/Town NEWTON	Number Vehicles 1	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:				
Route# Direction Name of Roadway/Street At			WEST 55 BORDER 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 Mile Marker Exit Number				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				11 4				
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001257		
License # --- St MA DOB/Age ---			Reg # 1YD581 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL ---			Veh Year 2019 Veh Make VW Veh Config. 2 20		
Operator ROPER-SPEARY KRISTEN			Owner (Same as operator)			Address			Address		
Address 18 DEERFIELD RD			City WELLESLEY State MA Zip 02481			City State Zip			Vehicle Action Prior to Crash 10 21		
Insurance Company PURE			Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)		
Citation # (If Issued)			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			10 Undercarriage		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Underride/Override 25 Towed Y			8			5 11 Totaled		
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					
SPEARY, ELLA			18 DEERFIELD RD WELLESLEY, MA 02481			F 7 1 4 4 0 0 10 1					
SPEARY, KATE			18 DEERFIELD RD WELLESLEY, MA 02481			F 6 4 4 4 0 0 10 1					
Please Select One of the Following:			<input type="checkbox"/> Vehicle ___ #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 # Reg Type Reg State			Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year Veh Make Veh Config. 20		
Operator			Owner			Address			Address		
Address			City State Zip			City State Zip			Vehicle Action Prior to Crash 21		
Insurance Company			Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)		
Citation # (If Issued)			Most Harmful Event 23			Driver Contributing Code 24 24			10 Undercarriage		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Underride/Override 25 Towed			8			5 11 Totaled		
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			--- ---			--- ---					

→ 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:

The operator of MV#1 stated that she was attempting to park her MV in front of #55 Border St (west) when MV#2 sideswiped MV#1 and quickly left the area.

Operator #1 described MV#2 as a blue Mercedes with a Ma Registration that left westbound towards Webster St.

No injuries, no tow.

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