Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
12/11/2019	22:51 24HR	NEWTON	2	0	25			☐	☒	☐	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

4 (1) Route# | WEST (Direction) | CENTRAL ST (Name of Roadway/Street)

At

NORTH (Direction) | CENTRAL TER (Name of Intersecting Roadway/Street)

Also at Intersection with

1 (2) Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street (9 / 2)

Feet N S E W of ___ ___ ___ • ___ (Mile Marker) or _____ (Exit Number) (10 / 2)

Feet N S E W of Route# | Intersecting Roadway/Street

Feet N S E W of Landmark (11 / 2)

3 (1) ☒ Vehicle 1 0 #Occupants | ☒ Hit/Run | ☐ Moped | Case Number 1900001279

4 (1) License # _____ St ____ DOB/Age _____ Reg # 669N Reg Type PAR Reg State MA

Sex ____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2018 Veh Make ALFA Veh Config. 1 20

Operator _____ (Last / First / Middle) Owner MCNAMARA (Last) SHEELAH (First) (12 / 1)

Address _____ Address 66 (apt. C) SOUTH WORCESTER S

City _____ State ____ Zip _____ City NORTON State MA Zip 02766

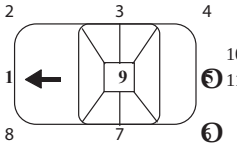
Insurance Company NGM INSURANCE COMPANY Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)

5 (2) Vehicle Travel Direction: N S E ☒ Responding to Emergency? N Event Sequence 2 22 22 22 22

Citation # (If Issued) _____ Most Harmful Event 2 23

Violation 1: Ch____ Sec____ Violation 2: Ch____ Sec____ Driver Contributing Code 1 24 1 24

6 (2) Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____ Underride/Override 25 Towed N



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved (13 / 2)

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	- - - - - - - -	- - -	- - -								

7 (3) Please Select One of the Following: ☒ Vehicle 2 1 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 484WL7 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2013 Veh Make LEXS Veh Config. 1 20

8 (2) Operator QIU (Last) RUOLUN (First) Owner (Same as operator) (Last / First / Middle)

Address 77 BOURNE ST Address _____

City NEWTON State MA Zip 02466 City _____ State ____ Zip _____

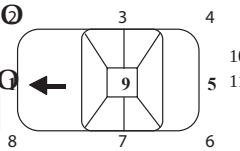
Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N Event Sequence 2 22 22 22 22

Citation # (If Issued) T2080162 Most Harmful Event 2 23

Violation 1: Ch 90/24/C Sec____ Violation 2: Ch____ Sec____ Driver Contributing Code 19 24 18 24

Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____ Underride/Override 25 Towed N



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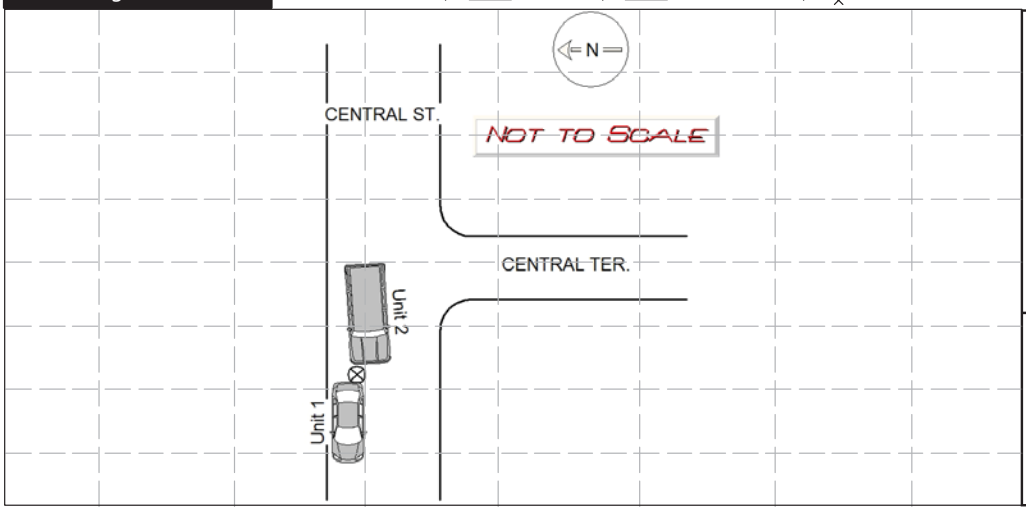
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	99	4	99	0	0	10	1	

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:

MV#1 Was parked facing Westbound on Central St when it was struck by the OPMV#2. Uninvolved owner arrived on scene to find the rear of her vehicle to have major damage and debris all over the roadway.

See incident report#19054030.

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]

REID LARSON			NEWTON POLICE DEPARTM		12/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00