

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/15/2019	Time of Crash 19:11 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			SOUTH 232 BOYLSTON ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of or Exit Number				2 10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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				3
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001290		
License # --- St MA DOB/Age ---			Reg # 451RP8 Reg Type PAN Reg State MA				Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20				12
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Operator MURPHY COLLEEN				Owner (Same as operator)				1
Address 113 MURDOCK ST (apt. 2)			City BRIGHTON State MA Zip 02135				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company COMMERCE INSURANCE			Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec				Most Harmful Event 1 23				
Violation 3: Ch Sec Violation 4: Ch Sec			Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y				
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 --- 99 4 99 0 0 10 1				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		
License # --- St MA DOB/Age ---			Reg # 5ZT911 Reg Type PAN Reg State MA				Veh Year 2017 Veh Make FORD Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Operator MONICO ROBERT				Owner (Same as operator)				
Address 61 WABAN PK			City NEWTON State MA Zip 02458				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company USAA CASUALTY			Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec				Most Harmful Event 1 23				
Violation 3: Ch Sec Violation 4: Ch Sec			Driver Contributing Code 19 24 24				Underride/Override 25 Towed N				
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 --- 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

○

NOT TO SCALE

Crash Narrative:

MV#1 was traveling south in the right hand lane through the parking lot of 232 Boylston St. MV#2 was also traveling south in the left hand lane of the lot and turned right (westbound) into the parking lot adjacent to the roadway, striking MV#1. Damage was observed to MV#1's front end while MV#2 sustained a flat tire and damage to its passenger side panel. No injuries were reported and Tody's was contacted to remove MV#1 while MV#2 was able to be driven from the scene.

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