

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/18/2019		Time of Crash 09:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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				WEST 2122 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		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 1900001307							
License # --- St MA DOB/Age ---				Reg # S14503		Reg Type CON		Reg State MA		20			
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make INTL		Veh Config. 97		12			
Operator DEMIRJIAN DAVID				Owner D L PETERSON TRU						1			
Address 11 ELIZABETH CIRCLE				Address 940 RIDGEBROOK ROAD									
City NEEDHAM State MA Zip 02492				City SPARKS State MD Zip 21152									
Insurance Company NAT GRID				Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4				10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9				5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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												1	
Operator See Above				-----		---		1 4 99		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 ---				Reg # 2TZ994		Reg Type PAS		Reg State MA		20			
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make VOLK		Veh Config. 1		1			
Operator BARTLETT CASEY T				Owner (Same as operator)									
Address 33 CHESTER AVE				Address _____									
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4				10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9				5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
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												1	
Operator/Non-Motorist See Above				-----		---		0 4 99		0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

2120 commonwealth ave

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊙ N →

Crash Narrative:

Owner of MV 1 stated he parked his car legally on Commonwealth Ave across from the Post Office and left his vehicle to go into a store. Operator of MV 2 was parked directly behind MV1 and was sitting in her vehicle, when she states she observed MV3 park in the space directly in front of MV1. Operator of MV2 states she observed MV 1 shake as MV 3 tried parking and believes that the rear passenger end of MV 3 struck the front left bumper of MV 1. Minor damage sustained to MV1's front drivers side and no injuries reported. Owner of MV 1 did not observe the accident. The operator of MV 3 stated that he was traveling west on Commonwealth Ave and parked his MV in a legal parking spot. He and his passenger left his vehicle and when he came back, he was approached by the owner of the MV behind him, who stated that he believed his vehicle may have struck his while parking. Operator of MV3 stated he did not believe he struck MV2 because neither he or his

(Continued on next page)

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

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00