

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/28/2019		Time of Crash 09:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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 12 LOMBARD ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001339					11	3
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE CASUALTY				Reg # 2LVT81 Reg Type PAN Reg State MA Veh Year 2017 Veh Make CHEV Veh Config. 1 20 Owner RUBY WILLIAM Address 35 LAKEHILL AVE City ARLINGTON State MA Zip 02474 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N								12		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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														
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 --- Sex M Lic. Class [D][18][18] Lic. Restrictions [9][19] CDL _____ Operator WOLDOKS MOSHE Address 12 LOMBARD ST City NEWTON State MA Zip 02458 Insurance Company AMICA MUTUAL				Reg # 155J50 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [10][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [19][24][24] 5 11 Totaled Underride/Override [25] Towed N								13		
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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:

Owner of vehicle #1 reports he parked his car on the street across from #12 Lombard St when vehicle #2 struck his car as it was backing out from his driveway at #12 Lombard St.

Operator #2 vehicle was backing out of his driveway to his home #12 Lombard St when he backed up into vehicle #1 while it was parked across from his residence.

Note operator#2 left scene prior to my arrival but owner of parked vehicle who was working in the street and heard the crash was able to get #1's information before he left 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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

12/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date