

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/28/2019	Time of Crash 20:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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			NORTH 80 OAK HILL ST Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001340	
License # --- St MA DOB/Age ---			Reg # 5FH986 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make BMW Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Owner FINANCIAL SERVICE VEHICLE			Address 5550 BRITTON PKWY				
Operator SALEK OLYVIA			City HILLARD State OH Zip 43026			Vehicle Action Prior to Crash 1 21				
Address 160 OLD FARM RD			Event Sequence 2 22 22 22 22			Damaged Area Code: (Circle Up to Three)				
City NEWTON State MA Zip 02459			Most Harmful Event 2 23			10 Undercarriage				
Insurance Company STATE FARM MUTUAL			Driver Contributing Code 19 24 24			5 11 Totaled				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed Y			8 7 6				
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 See Above										
SALEK, ADDYSON 160 OLD FARM RD NEWTON, MA 02459										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 6ZJ215 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner FERMIN MELODY			Address 80 OAK HILL ST.				
Operator _____			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 11 21				
Address _____			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)				
City _____ State _____ Zip _____			Most Harmful Event 1 23			10 Undercarriage				
Insurance Company ARBELLA MUTUAL INS			Driver Contributing Code 1 24 24			5 11 Totaled				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed Y			8 7 6				
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 <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way Indicate North by Arrow
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Crash Narrative: MV#1 was traveling northbound on Oak Hill St. when the operator stated she became distracted and crashed into the rear of MV#2. MV#2 was parked, unoccupied in front of 80 Oak Hill St. Damage was observed to MV#1's front end, while MV#2 had visible damage to its rear end. No injuries were reported and Tody's tow service was contacted to remove both vehicles from the roadway.

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

DANIEL SOHN	NEWTON POLICE DEPARTM		12/28/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks
CDP1 11 -24:00				Date