Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/08/2020	13:31 24HR	NEWTON	2	0	0			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

1 — 1
Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 — 1
Route# Direction Name of Intersecting Roadway/Street

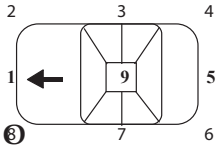
NOT AT INTERSECTION:

2 — 9
Route# Direction Address # Name of Roadway/Street
WEST 9 BEACON PL
2 — 10
Feet N S E W of Mile Marker or Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
3 — 11
Feet N S E W of Landmark

3 — ☒ Vehicle 1 0 #Occupants ☒ Hit/Run ☐ Moped Case Number 2000000026

License # St DOB/Age
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment
4 — 1 Operator Last First Middle
Address
City State Zip
Insurance Company USAA GENERAL INDEMNITY COMPANY
5 — 1 Vehicle Travel Direction: N S E W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 — 1 Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 8MF661 Reg Type PAN Reg State MA
Veh Year 2019 Veh Make VOLK Veh Config. 2 20
7 — 12 Owner MACIASLAUTENBA(MICHELLE Last First Middle
Address 9 OLD MARLBORO RD
City MAYNARD State MA Zip 01754
Vehicle Action Prior to Crash 11 21
Event Sequence 2 22 22 22 22 22
Most Harmful Event 2 23
Driver Contributing Code 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved

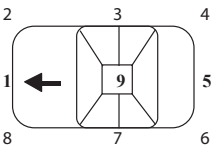
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	- - - - - - - -	- - -	- - -								

13 — 2

7 — 1 Please Select One of the Following: ☒ Vehicle 2 0 # Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☒ Hit/Run ☐ Moped

License # St DOB/Age
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment
8 — 1 Operator Last First Middle
Address
City State Zip
Insurance Company
Vehicle Travel Direction: N 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

Reg # UNK Reg Type UNK Reg State XX
Veh Year UNK Veh Make UNK Veh Config. 97 20
Owner Last First Middle
Address
City State Zip
Vehicle Action Prior to Crash 99 21
Event Sequence 2 22 22 22 22 22
Most Harmful Event 2 23
Driver Contributing Code 99 24 99 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



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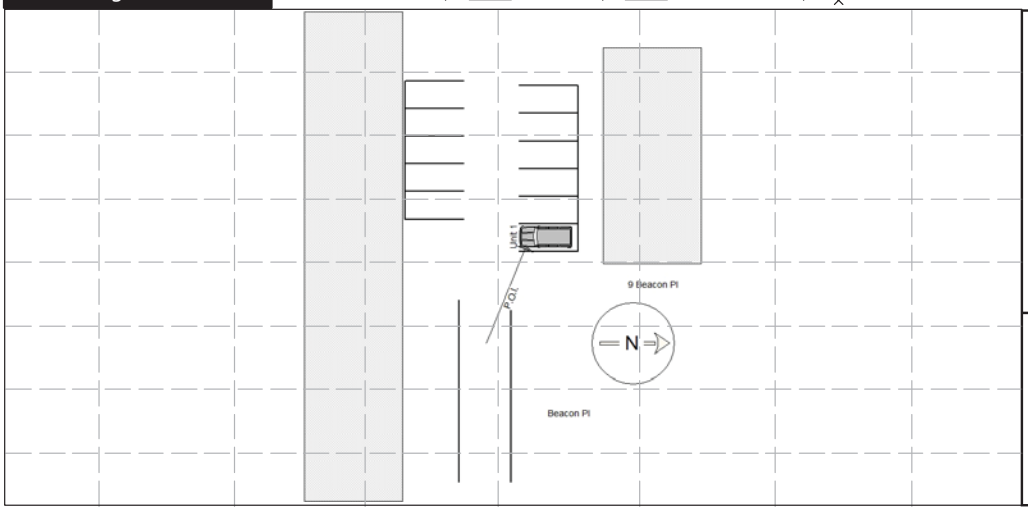
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

The owner of MV#1 stated she parked in the parking lot at 9 Beacon Pl. at 0800 hrs. At 1345 hrs. she noticed damaged to the drivers side font fender. There were no witnesses and the operator of MV#2 in unknown.

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]

MATTHEW C TOCCI		NEWTON POLICE DEPARTM			01/08/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00