

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/08/2020	Time of Crash 13:50 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 10 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 647 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000029		
License # --- St MA DOB/Age ---			Reg # 1CET73 Reg Type PAS Reg State MA			Veh Year 2019 Veh Make AUDI Veh Config. 1 20			12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner VW CREDIT LEASING LTD			Address 1401 FRANKLIN BLVD			1		
Operator PIERCE ANNE Last First Middle			City NEWTON State MA Zip 02465			City LIBERTYVILLE State IL Zip 60048			12		
Insurance Company SELF			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			13		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			13		
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			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 type="checkbox"/> Vehicle # 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 # --- Reg Type --- Reg State ---			13		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year --- Veh Make --- Veh Config. 20			Operator --- Last First Middle			1		
Address ---			Owner --- Last First Middle			Address ---			12		
City --- State --- Zip ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
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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 → Pedestrian

Crash Diagram:

NOT TO SCALE

Legend:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

THE OPERATOR OF MV 1 HAD PARKED HER VEHICLE LEGALLY IN THE PARKING LOT BETWEEN WHOLE FOODS AND MARTYS LIQUORS ON WASHINGTON STREET. THE OPERATOR THEN WENT INTO THE VEHICLE AND LEFT THE VEHICLE UNOCCUPIED WHILE SHE WENT SHOPPING. A SHORT WHILE LATER THE OPERATOR CAME BACK TO THE VEHICLE AND OBSERVED FRESH DAMAGE TO THE REAR PASSENGER BUMPER WHICH APPEARS TO HAVE BEEN DONE WHEN AN UNKNOWN MV PARKED TO THE RIGHT OF HER VEHICLE EXITED THE PARKING SPACE. THERE WERE NO WITNESSES AND NO SURVEILLANCE FOOTAGE OF THE ACCIDENT.

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

MATTHEW W COLELLA **NEWTON POLICE DEPT** **01/08/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00