

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/08/2020		Time of Crash 14:55 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:							
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>						<div>9SOUTH 9 LILL AVE</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>12Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>13Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000030							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE						Reg # 7GX471 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HOND Veh Config. 2 20 Owner THOMAS JOYCELYN Last First Middle Address 250 RIVER ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 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						132							
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 RI DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator GARBECKI THOMAS C Last First Middle Address 6 GREENBRIER CT City GREENVILLE State RI Zip 02628 Insurance Company UNK						Reg # F39JYK Reg Type PAN Reg State NJ Veh Year 2017 Veh Make GMC Veh Config. 2 20 Owner AUTOMOTIVE GRO MERCHANTS Last First Middle Address 1278 HOOKSETT RD City HOOKSETT State NH Zip 03106 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y 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						132							
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						1 4 4 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#9 Lill Ave

Unit 1

Unit 2

Driveway

Lill Ave

North Arrow

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 states that her MV was parked and unoccupied in front of #9 Lill Ave when MV#2 backed into it from the driveway across the street.

The operator of MV#2 states that he was backing his MV out of the driveway across from #9 Lill Ave when the rear of his MV struck MV#1.

No injuries, no tows.

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

GEORGE M CLAFLIN NEWTON POLICE DEPTA 01/08/2020

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

CDP1 11 -24:00