

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/16/2020		Time of Crash 10:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 5 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>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>SOUTH 1000 COMMONWEALTH AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000056							
License # --- St MA DOB/Age ---						Reg # 743KY1 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____						Veh Year 2016 Veh Make BMW Veh Config. 1 20							
Operator JENSEN JAMES						Owner (Same as operator)							
Address 130A SEMINARY AVE (apt. 110)						Address _____							
City NEWTON State MA Zip 02466						City _____ State _____ Zip _____							
Insurance Company PREFERRED MUTUAL						Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 2 22 2 22 22 22							
Citation # (If Issued) T2013148						Most Harmful Event 2 23							
Violation 1: Ch 19/75Sec Violation 2: Ch _____ Sec _____						Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						<div>26 27 28 29 30 31 32 33</div> <div>Seat Safety Airbag Airbag Eject Trap Injury Transp.</div> <div>Pos. System Status Switch Code Code Status Code</div> <div>Medical Facility</div>							
Operator See Above						Operator See Above							
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 # 4082XM Reg Type PAN Reg State MA							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____						Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20							
Operator _____						Owner GAYLE REGINA							
Address _____						Address 417 (apt. RR) AUBURN ST							
City _____ State _____ Zip _____						City AUBURNDALE State MA Zip 02466							
Insurance Company SAFETY						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 1 22 22 22 22							
Citation # (If Issued) _____						Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						<div>26 27 28 29 30 31 32 33</div> <div>Seat Safety Airbag Airbag Eject Trap Injury Transp.</div> <div>Pos. System Status Switch Code Code Status Code</div> <div>Medical Facility</div>							
Operator/Non-Motorist See Above						Operator/Non-Motorist See Above							

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000056							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # 6NN231 Reg Type PAN Reg State MA Veh Year 2016 Veh Make KIA Veh Config. 1 20								12	
Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company QUINCY MUTUAL				Owner OBRIEN MATT Last First Middle Address 82 N. MAIN ST City NATICK State MA Zip 01760 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								10 Undercarriage 5 11 Totaled	
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	
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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								10 Undercarriage 5 11 Totaled	
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:

Witness stated he observed Mv#1 attempting to parallel park between two parked cars in the City Hall roundabout 1000 Commonwealth Ave. Witness stated #1 struck both cars during the unsuccessful attempt to park and left to go park in another spot. #1 passenger side front sideswiped Mv#2 driver's side rear; #1 driver's side rear end struck Mv#3 driver's side front end. #1 operator was located at the other parking spot. #1 stated he was unaware he struck both cars. #1 cited for failing to use care stopping starting and turning CO Ch19/Sec75.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MULVEY, JOSEPH,	1000 COMMONWEALTH AVE NEWTON, MA 02459	-----	N

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	01/16/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Date
Department	Precinct/Barracks		

CDP1 11 -24:00