

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/19/2020		Time of Crash 17:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# Direction Name of Roadway/Street At				WEST 260 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												1	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000076						3	
License # --- St MA DOB/Age ---				Reg # US48ES Reg Type PAS Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012 Veh Make MERCEDEZ Veh Config. 1 20								3	
Operator COONEY SUSAN Last First Middle				Owner (Same as operator) Last First Middle								1	
Address 831 BEACON STREET				Address _____									
City NEWTON CTRE State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 20 22 21 22 30 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 30 23 1 9 10 Undercarriage 5 11 Totaled									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24 8 7 6									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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												20	
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									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20									
Operator _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				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 3 4									
Citation # (If Issued) _____				Most Harmful Event 23 1 9 10 Undercarriage 5 11 Totaled									
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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    →

**Crash Diagram:**

Marshall's Department Store  
260 Needham Street

Needham Street

P.O.I.

**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:**

Ms. Cooney states that she pulled into a parking space at Marshall's Department Store and when attempting to hit the brake she accidentally hit the accelerator causing her vehicle to jump the curb, crash into the fence, and become stuck on top of a bush. The damage to the fence is estimated at approximately \$1,000.

Ms. Cooney reported no injuries and Tody's responded to the scene and removed the car from the berm. The vehicle did not sustain any apparent damage at this time and was driven from the scene.

I provided the manager of Marshall's, Adriana Guara, with a copy of the crash report number and contacted the building's landlord, Dana, and updated him on how to obtain a copy of the crash report.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEEDHAM STREET LLC, ,	PO BOX 191 WAYZATA, MINNESOTA 55391		97	IRON FENCE

**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

HAGAI BRANDON	30619	NEWTON POLICE DEPART	01/19/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00