

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/29/2020		Time of Crash 12:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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				EAST 160 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000107					3	
License # _____ St _____ DOB/Age _____				Reg # US14KE				Reg Type PAS		Reg State MA			7	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2016				Veh Make PORSCHE		Veh Config. 2 20			12	
Operator _____ Last First Middle				Owner FERGUSON CATHERINE				Address 160 BOYLSTON ST						
Address _____				City NEWTON				State MA		Zip 02467				
Insurance Company USAA				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				7 8 9 6						
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				13						
Operator				See Above				1						
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____				Reg # _____				Reg Type UNKNOWN		Reg State _____				
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UKN				Veh Make UNKNOWN		Veh Config. 97 20				
Operator UNKNOWN UNKNOWN UNKNOWN				Owner (Same as operator)				Address _____						
Address UNK UNK				City _____				State XX		Zip UNK				
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 99 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				3 4 10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24				6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7 8 9 6						
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				13						
Operator/Non-Motorist				See Above				99 99 4 0 99 99 1						

→ 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:

The owner of Operator 1 stated that she parked vehicle 1 in the garage of 160 Boylston St last night. When she returned to her vehicle this morning she noticed that the front driverside fender and bumper was damaged.

At this time there in no information on vehicle 2. Vehicle 1 sustained minor damage.

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