

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/31/2020	Time of Crash 13:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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 294 TREMONT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000114		
License # _____ St MA DOB/Age _____			Reg # BR1412 Reg Type PAS Reg State MA			Veh Year 2/9 Veh Make TOYOTA Veh Config. 1 20			12		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL PLYMO Endorsment			Owner CUNNINGHAM TIMOTHY S			Address 109 PILGRIM ROAD			1		
Operator CUNNINGHAM PATRICK JAMES			City PEMBROKE State MA Zip 02359			Vehicle Action Prior to Crash 10 21			13		
Address 109 PILGRIM ROAD			Insurance Company PLYMOUTH ROCK			Event Sequence 1 22 22 22 22 2			1		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 18 24 19 24			1		
Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled			1		
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						1		
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 MA DOB/Age _____			Reg # 2RW121 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make BUICK Veh Config. 1 20			1		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL VER Endorsment			Owner (Same as operator)			Address _____					
Operator TUPLIN JOSEPH GORDON			City _____ State MA Zip 02045			Vehicle Action Prior to Crash 2 21			1		
Address 15 STONY BEACH ROAD			Insurance Company VERMONT MUTUAL			Event Sequence 1 22 22 22 22 2			1		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			1		
Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled			1		
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						1		
Operator/Non-Motorist			See Above								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Driveway

294/296 Tremont Street

N

NOT TO SCALE

Veh # 1

Veh # 2

Tremont Street

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:

Oper #1 stated he was backing out of the driveway of 294 Tremont Street. He stated he never saw veh #2 stating it must have been in a blind spot.

Oper #2 stated he was stopped on Tremont Street waiting to tun into driveway for 294 Tremont Street when veh # 1 backed into him.

Uber was arranging a tow for veh # 2.

No injuries.

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