

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2020	Time of Crash 12:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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 _____			EAST 156 OTIS 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000121	
License # _____ St MA DOB/Age _____			Reg # 8MD145 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20	
Operator BOUCHER AUDREY Last First Middle			Owner BOUCHER ANDREA Last First Middle			Address 50 WEST ST			City NEWTON State MA Zip 02458	
Insurance Company ARBELLA			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 4 4 0 0 10 1 NONE				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 1LJT75 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006 Veh Make BMW Veh Config. 2 20	
Operator JEAN-MICHEL JEAN Last First Middle			Owner SANDELIN ERICA Last First Middle			Address 8 DALMOR RD			City BELLINGHAM State MA Zip 02019	
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 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 _____			10 Undercarriage 5 11 Totaled	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 4 4 0 0 10 1 NONE				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

158 Otis St

N

NOT TO SCALE

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:

ON 2-3-2020 AT APPROX. 1200HRS, WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 158 OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS PARKED IN FRONT OF 158 OTIS ST. AND WAS PREPARING TO ENTER THE TRAFFIC LANE E-BOUND ON OTIS. SHE CHECKED HER REAR VIEW MIRROR TO SEE IF THERE WAS ANY ONE COMING. DRIVER STATES WHEN SHE SAW IT WAS CLEAR SHE ENTERED THE TRAFFIC LANE. SHE STATES WHEN SHE WAS IN THE LANE VEHICLE #2 HIT HER IN HER LEFT FRONT FENDER. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON OTIS ST. WHILE DRIVING HE STATES VEHICLE #1 ENTERED FROM A PARKED POSITION AND HIT HIM IN THE FRONT RIGHT QUARTER PANEL. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY PERFECTION. VEHICLE #2 HAD RIGHT FRONT QUARTER PANEL DAMAGE AND SCRAPES ALONG THE RIGHT SIDE OF THE VEHICLE. VEHICLE WAS STILL OPERATIONAL AND DID NOT REQUIRE A TOW. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT

(Continued on next page)

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

THOMAS P WALSH	NEWTON POLICE DEPT			02/03/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 24:00

