

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/23/2020	Time of Crash 15:08 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 100 ELM ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000179		
License # --- St NH DOB/Age ---			Reg # MSBOSS Reg Type PAN Reg State NH			Veh Year 2019 Veh Make DODGE Veh Config. 2					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner BEAUDOIN THOMAS			Address 892 ELWYN RD					
Operator BEAUDOIN AMANDA			City PORTSMOUTH State NH Zip 03801			Insurance Company SAFECO INSURANCE					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued)			Most Harmful Event 2 23			Driver Contributing Code 1 24 24					
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 11 21					
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 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			10 1			NONE		
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			Veh Year Veh Make Veh Config. 20					
Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner			Address					
Operator			City State Zip			Insurance Company					
Vehicle Travel Direction: N S E W Responding to Emergency? ___			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued)			Most Harmful Event 23			Driver Contributing Code 24 24					
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Underride/Override 25 Towed			Vehicle Action Prior to Crash 21					
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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			10 1			NONE		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Elm Street Municipal Lot

Elm Street

P.O.

MV1

Unknown MV

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:**

MV1 operator stated she was parked in the Elm Street Municipal Lot (a public parking lot) between yesterday (Saturday February 22, 2020) at approximately 1600 hours to today (Sunday, February 23, 2020) at approximately 1500 hours. MV1 operator stated her MV, NH reg MSBOSS (black 2019 Dodge Ram), was within the lines of the parking space and does not recall if she was parked next to any other MV at that time. MV1 operator stated when she returned to her MV this afternoon she noticed damage on the driver side door frame that was not there prior. MV1 operator stated she contacted her auto body shop and they said the damage is worth more than \$1,000 USD, and she believes her car insurance will require an accident report. MV1 operator stated she does not know who may have struck her MV. There was no reported injury and no tows were required.

**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

**MARK HATFIELD**      NEWTON POLICE DEPT      02/23/2020

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00