

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/24/2020		Time of Crash 12:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 200 BOYLSTON 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												2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000183					3
License # --- St MA DOB/Age ---				Reg # 69MG18 Reg Type PAN Reg State MA									12
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make SUBARU Veh Config. 1 20									1
Operator BENADOR DEBORAH Last First Middle				Owner (Same as operator) Last First Middle									12
Address 110 ROCKVIEW ST (apt. 3)				Address _____									1
City JAMAICA PL State MA Zip 02130				City _____ State _____ Zip _____									1
Insurance Company CITIZEN				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)									13
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									1
Citation # (If Issued) _____				Most Harmful Event 1 23									1
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									1
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									1
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									1
Operator See Above				1 4 99 0 0 10 1									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 type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		7 3	
License # --- St CA DOB/Age ---				Reg # 9HY837 Reg Type PAN Reg State MA									8 1
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make PORSCHE Veh Config. 2 20									8 1
Operator RUBIN ANGELA MOORE Last First Middle				Owner (Same as operator) Last First Middle									8 1
Address 294 WAVERLY AVE				Address _____									8 1
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									8 1
Insurance Company GOVT EMPLOYEE				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)									8 1
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									8 1
Citation # (If Issued) _____				Most Harmful Event 1 23									8 1
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24									8 1
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									8 1
Please fill out for operator and all occupants involved													8 1
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									8 1
Operator/Non-Motorist See Above				1 1 99 0 0 10 1									8 1

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ROUTE 9 EAST

#200 BOYLSTON ST EXIT

MV1

MV2

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 OF MV#1, WAS PULLING OUT OF THE WEGMANS PARKING LOT ON TO ROUTE 9 (EAST), WHEN MV#2 STRUCK HER FROM BEHIND.

OPER OF MV#2 WAS PULLING OUT OF THE WEGMANS PARKING LOT, ON TO RT 9 (EAST), WHEN SHE COLLIDED WITH THE REAR OF MV#1.

MV#1 SUSTAINED MINOR REAR DAMAGE.

MV#2 SUSTAINED MODERATED FRONT END DAMAGE AND WAS TOWED BY AAA.

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

RICHARD F BENES NEWTON POLICE DEPARTM 02/24/2020

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

CDP1 11 -24:00