

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/04/2020		Time of Crash 21:41 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				NORTH 647 WASHINGTON 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												4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000214						3	
License # --- St MA DOB/Age ---				Reg # 1RSE18 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 2 20								1	
Operator STALMAKHOVA HANNA Last First Middle				Owner DANONT DUKE Last First Middle								12	
Address 201 NEWTONVILLE AVE				Address 201 NEWTONVILLE AVE								1	
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458								1	
Insurance Company GOVERNMENT EMPLOYEE				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Citation # (If Issued) _____				10 Undercarriage 5 11 Totaled								1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												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	
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												1	
License # --- St DOB/Age ---				Reg # UNK Reg Type UNK Reg State XX								12	
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UNK Veh Make UNK Veh Config. 1 20								1	
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle				Owner (Same as operator) Last First Middle								12	
Address UNK UNK				Address _____								1	
City UNK State XX Zip UNK				City _____ State _____ Zip _____								1	
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								13	
Citation # (If Issued) _____				10 Undercarriage 5 11 Totaled								1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												1	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												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/Non-Motorist See Above												1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 2

Unit 1

P.O.I.

Whole Foods
647 Washington 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

N

Crash Narrative:

Operator of MV1 stated at approximately 2000 hrs while parked in the Whole Foods parking lot, located at 647 Washington Street, her vehicle was struck on the front passenger side of her vehicle. Operator of MV1 stated she did not see who hit her due to her shopping inside whole foods. MV1 had minor damage to the passenger side of the vehicle.

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