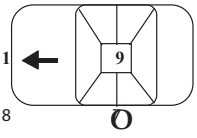
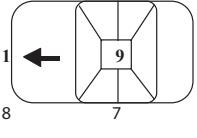


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/06/2020	Time of Crash 15:41 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 0	Speed Limit <u>15</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>1</b> Route# Direction Name of Roadway/Street At			<b>2</b> EAST 13 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number								
<b>2</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			<b>10</b> Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Landmark								
<b>3</b> Route# Direction Name of Intersecting Roadway/Street			<b>11</b> Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000222		
License # --- St MA DOB/Age ---			Reg # 12W990			Reg Type PAN			Reg State MA		
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2006			Veh Make HONDA			Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20		
<b>4</b> Operator RUSSELL RACHEL Last First Middle			Owner (Same as operator)			First Middle			<b>12</b>		
Address 58 GORDON ST			Address			City _____ State _____ Zip _____					
City SOMERVILLE State MA Zip 02144			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company CITIZENS			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage 11 Totaled		
<b>5</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23								
Citation # (If Issued) _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24								
<b>6</b> Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										<b>13</b>	
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			-----		---		1 4 4 0 0 10 1	
<b>7</b> Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										<b>2</b>	
License # --- St DOB/Age ---			Reg # _____			Reg Type _____			Reg State _____		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. <input type="checkbox"/> 20		
<b>8</b> Operator _____ Last First Middle			Owner _____ Last First Middle			City _____ State _____ Zip _____					
Address _____			Address _____			City _____ State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____								
Please fill out for operator and all occupants involved										<b>13</b>	
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			-----		---		1 4 4 0 0 10 1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

PARKING LOT FOR 13 BOYLSTON ST AND THE SHOPPES AT THE STREET

Unit 1

P.O.I.

NOT TO SCALE

→ N →

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:**

Vehicle #1 was parked in the parking lot behind 16 Boylston St between the hours of noon and 3:20 pm. Owner of Vehicle #1 came out to the vehicle to find it had been struck on the left rear door by another vehicle. No note or witnesses were present.

Vehicle #1 had minor damage to the left rear side door and was able to be driven away.

Vehicle #1 was unoccupied at the time of the accident.

**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