

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/09/2020		Time of Crash 17:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
Route# Direction Name of Roadway/Street At				SOUTH 29 CRAFTS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11		
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000225			99	
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City State Zip Insurance Company ALLSTATE				Reg # 453VK6 Reg Type PAN Reg State MA Veh Year 2014 Veh Make ACURA Veh Config. 20 Owner PEREPLETCHIKOV ALEKSANDR Address 78 TRIMOUNT AVE City WALTHAM State MA Zip 02451 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12		
5 2				Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				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		
6 1				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 Operator Operator Operator				2		
7 99				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		13
8 99				License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City State Zip Insurance Company		Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. 1 20 Owner Address City State Zip Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								99
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 Operator/Non-Motorist Operator/Non-Motorist Operator/Non-Motorist										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

29 Crafts St

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

MV1 stated he parked his vehicle on the bottom level of the garage at 1500 hrs and when he returned at approximately 1645 hrs, he observed scrape marks consistent with a collision down the passenger side.

There are no cameras in the area of where the vehicle was parked.

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

GREGORY P HELMS **NEWTON POLICE DEPT** **03/09/2020**

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

CDP1 11 -24:00