

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/11/2020	Time of Crash 19:07 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			WEST 517 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 _____ Route# Intersecting Roadway/Street _____ Feet [N S E W] of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000228		
License # --- St MA DOB/Age ---			Reg # CI58NK Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____			Veh Year 2005 Veh Make BMW Veh Config. 1 20		
Operator WEISSENBERG THERESA Last First Middle			Owner (Same as operator) Last First Middle			Address _____			Address _____		
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
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			-----								
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			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____			Veh Year _____ Veh Make _____ Veh Config. 20		
Operator _____ Last First Middle			Owner _____ Last First Middle			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Event Sequence 22 22 22 22 2			Most Harmful Event 23			Driver Contributing Code 24 24		
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Underride/Override 25 Towed _____			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
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Operator/Non-Motorist See Above			-----								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St  
Unit 2  
Unit 1  
517 Washington St

Indicate North by Arrow

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**NOT TO SCALE**

**Crash Narrative:**

MV#1 was parked on the side of the road at 517 Washington St at 10am. The owner returned to her car at approximately 7pm and found moderate damage to the driver side and front of the vehicle. It appears as though MV#2 was travelling westbound on Washington St and was too close and sideswiped MV#1. A note was left with a phone number (617 892 0027) but no driver information. The owner was not able to make contact. I also attempted to reach the number with negative results. Owner was able to drive her vehicle from the scene.

**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