

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/12/2020		Time of Crash 10:46 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				SOUTH 1		HERRICK RD						2		
				Route# Direction Address #		Name of Roadway/Street						10		
				Feet N S E W of		Mile Marker Exit Number								
				Feet N S E W of		Route# Intersecting Roadway/Street						11		
Feet N S E W of		Landmark						2						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000231								
License # --- St MA DOB/Age ---				Reg # IC75CS		Reg Type PAN		Reg State MA		2				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2019		Veh Make TOYOTA		Veh Config. 2 20		12				
Operator EVANS CHRISTINA				Owner EVANS JOSEPH R										
Address 17 CRESCENT SQ				Address 17 CRESCENT SQ										
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458-1513										
Insurance Company LIBERTY MUTUAL INS.				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 22 22 22 22		9		3 4		10 Undercarriage				
Citation # (If Issued)				Most Harmful Event 2 23		1		5 11 Totaled						
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 97 24 24		8		7 6						
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N										
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										2				
Operator See Above				1		4		99		0 0 10 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														
License # --- St MA DOB/Age ---				Reg # 5L1		Reg Type PAV		Reg State MA		20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2008		Veh Make TOYOTA		Veh Config. 1		1				
Operator AMENDOLA LORIN				Owner (Same as operator)										
Address 1321 WASHINGTON ST				Address										
City NEWTON State MA Zip 02465				City State Zip										
Insurance Company SAFETY INS.				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2		3 4		10 Undercarriage				
Citation # (If Issued)				Most Harmful Event 1 23		1		5 11 Totaled						
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		8		7 6						
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N										
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												2		
Operator/Non-Motorist See Above				99		4		99		0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

HERRICK RD

BRELAND AVE

HERRICK RD

UNION ST

UNIT 2 PARKED UNIT 1

NOT TO SCALE

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:

M.V. #1 Was attempting to park on Herrick Rd when the passenger side of her front bumper struck the drivers side rear bumper of parked veh #2. Inside parked veh#2 was on duty Newton Parking Control Officer Lorin Amendola who was unhurt. Very minor damage to both vehicles. There were no pictures taken due to the fact Amendola was in her personal 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

ZACHARY S RAYMOND

NEWTON POLICE DEPART

03/12/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date