

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 06/22/2020		Time of Crash 17:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 317 WATERTOWN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
						<div>210</div> <div></div>																																																																						
						<div>113</div> <div></div>																																																																						
						<div>3</div> <div></div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000339																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____</div> <div>Operator DIENGOTT RUTH L</div> <div>Address 280 NEWTONVILLE AVE (apt. 306)</div> <div>City NEWTON State MA Zip 02458</div> <div>Insurance Company THE COMMERCE INS COMP</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>112</div> <div>Reg # F2508 Reg Type PAR Reg State MA</div> <div>Veh Year 2002 Veh Make HOND Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 10 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 2 22 22</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div>																																																																						
<div>52</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td></td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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		0	0	10	1																																									<div>132</div> <div></div>					
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		0	0	10	1																																																																	
<div>71</div> <div>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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																												
<div>82</div> <div>License # --- St DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company THE COMMERCE INS COMP</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>13</div> <div>Reg # 942YDP Reg Type PAN Reg State MA</div> <div>Veh Year 2009 Veh Make HOND Veh Config. 1 20</div> <div>Owner SMOLINSKY TARA L</div> <div>Address 70 PARMENTER RD</div> <div>City WALTHAM State MA Zip 02453</div> <div>Vehicle Action Prior to Crash 11 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div>																																																																						
<div>13</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	-----	---	---																																																<div>13</div> <div></div>					
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	-----	---	---																																																																								



**Crash Narrative:**

Opr of MV1 stated she was attempting to back into a parking spot. Opr of MV1 stated she hit the accelerator not the brake. MV1 backed up, hit MV2, MV2 hit the tree, MV1 continued to back up in a circle, on the second pass MV1 hit MV3. Opr of MV1 signed a refusal. MV1 was towed by Todys's.

MV2 suffered damage on the front, right and rear of vehicle. MV3 suffered damage top the left side.

Pictures were taken and submitted to IT due to the damage of the tree.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
SOLARI , STEPHEN,	320 WATERTOWN ST NEWTON,MA 02459	-----	Y

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	,		3	TREE IN FRONT OF 317 WATERTOWN STREET

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code <input type="text" value="35"/>	
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate <input type="text" value="36"/>
Cargo Body Type Code <input type="text" value="37"/>	Gross Vehicle Weight <input type="text" value="38"/>		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <input type="text" value="39"/>
<b>Hazmat Information:</b>			
Placard <input type="text" value="40"/>	Material 1 digit # <input type="text" value="41"/>	Material Name _____	Material 4 digit # _____ Release code <input type="text" value="42"/>







