

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/14/2020	Time of Crash 12:03 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
Route# Direction Name of Roadway/Street At			EAST 14 AUSTIN ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000379		
License # --- St MA DOB/Age ---			Reg # MF4588 Reg Type MVN Reg State MA			Veh Year 2015 Veh Make FORD Veh Config. 6 20			12		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner CITY OF NEWTON FIRE			Address 1164 CENTRE ST			1		
Operator CURRY KEVIN			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 11 21			13		
Address 1164 CENTRE ST			City NEWTON State MA Zip 02459			Event Sequence 1 22 22 22 22 2			1		
Insurance Company SELF INSURED			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			1		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 24 24			1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)			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			1		
Operator			See Above			1 5 4 0 0 10 1			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			1		
License # --- St MA DOB/Age ---			Reg # 22RF77 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make HONDA Veh Config. 2 20			1		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____			1		
Operator RAYMOND HOPE			City CHESTNUT HILL State MA Zip 02467			Vehicle Action Prior to Crash 1 21			1		
Address 33 HAMMOND POND PKWY			City _____ State _____ Zip _____			Event Sequence 2 22 22 22 22 2			1		
Insurance Company AMICA MUTUAL			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23			1		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three)			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			1		
Operator/Non-Motorist			See Above			1 4 4 0 0 10 1			1		

→ Direction

ie: → 1 → 2 →

1 Vehicle 1

2 Vehicle 2

⊙ Pedestrian

Crash Diagram:

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:

On 07/14/2020 at 12:03hrs I responded to the area of 14 Austin St for a motor vehicle crash involving a City of Newton owned vehicle. Austin St is a public way in the City of Newton.

Vehicle 1 a City of Newton owned vehicle, was parked on Austin St in front of 14 Austin St facing eastbound. The operator of Vehicle 1 opened the drivers side door into traffic striking Vehicle 2 which was traveling eastbound on Austin St. As a result of the impact Vehicle 1 sustained damage to the drivers side door. Vehicle 2 sustained damage to the passenger side right fender and front door. Both vehicles were driven from the scene by the operators.

No injuries were reported on scene. No transports were required.

Pictures were taken and submitted to the NPD IT Bureau.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42