

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/22/2020		Time of Crash 19:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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				EAST 271 AUBURN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ 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	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000399						3	
License # --- St MA DOB/Age ---				Reg # IPJ292 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make MAZDA Veh Config. 1				20				12	
Operator LAVITA JOCELYNE Last First Middle				Owner (Same as operator) Last First Middle				20				12	
Address 22 TRAVERSE ST				Address _____				20				12	
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____				20				12	
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)				12	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				10 Undercarriage				12	
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled				12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				6				12	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6				12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
Name (Last First Middle) Address				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				2					
Operator See Above				-----				10 1				2	
Operator													
Operator													
Operator													
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				14 15 16 17				13					
License # --- St DOB/Age ---				Reg # PAN Reg Type UNK Reg State XX				20				99	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year UNK Veh Make UNK Veh Config. 1				20				99	
Operator _____ Last First Middle				Owner _____ Last First Middle				20				99	
Address _____				Address _____				20				99	
City _____ State _____ Zip _____				City _____ State _____ Zip _____				20				99	
Insurance Company _____				Vehicle Action Prior to Crash 99 21				Damaged Area Code: (Circle Up to Three)				99	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				10 Undercarriage				99	
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled				99	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				6				99	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6				99	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				99					
Name (Last First Middle) Address				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				99					
Operator/Non-Motorist See Above				-----				99				99	
Operator/Non-Motorist													
Operator/Non-Motorist													
Operator/Non-Motorist													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Lexington St

Auburn St

Parking lot 271 Auburn St

MV#2

MV#1

NOT TO SCALE

N

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:**

MV#1 was parked in a parking lot at 271 Auburn St. The owner of MV#1 stated that while she was in work, her car was struck in the parking lot. She stated that she did not notice the vehicle was damaged until after she left work at 1815 hrs.

Owner stated that she did not get any information about the vehicle that stuck hers. She also stated that there are no cameras at her office that would have recorded the incident.

MV#1 sustained minor damage to the front drivers side quarter panel of her 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