

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 09/12/2020		Time of Crash 19:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 1		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:			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
																2 9					
Route# Direction Name of Roadway/Street At						WEST 43 LINCOLN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number										2 10					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										1 11					
Route# Direction Name of Intersecting Roadway/Street						Landmark										1					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000513													
License # --- St MA DOB/Age ---						Reg # 2435FY Reg Type PAN Reg State MA															
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2005 Veh Make JEEP Veh Config. 2 20															
Operator BOVE ALEXANDER Last First Middle						Owner BOVE CATHERINE M Last First Middle															
Address 31 HAMMOND ST						Address 31 HAMMOND ST															
City NEWTON State MA Zip 02467						City NEWTON State MA Zip 02467															
Insurance Company PRIVILEGE UNDERWRITERS						Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 35 22 22 22 22 2 Most Harmful Event 35 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N						10 Undercarriage 11 Totaled									
Citation # (If Issued)																					
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																		13 30			
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																					
BOVE, CATHERINE, M 31 HAMMOND ST NEWTON, MA 02467 F 3 99 4 99 0 0 10 1																					
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 --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle						Owner --- Last First Middle															
Address ---						Address ---															
City --- State --- Zip ---						City --- State --- Zip ---															
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S E W Responding to Emergency? ---						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed ---						10 Undercarriage 11 Totaled									
Citation # (If Issued) ---																					
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																		13 30			
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																					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

43-45 Lincoln St

Lincoln St

Hartford St

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:**

MV#1 was attempting to pull out of a parking spot located in front of 43-45 Lincoln St. Operator stated that he accidentally put the car in reverse and backed into a brick pillar in front of said address. MV#1 sustained damage to the rear of his vehicle. Minor damage was sustained to the brick pillar. Pictures were taken and submitted to IT to be attached to this report.

I contacted the property manager and left a message.

MV#1 was driven off scene.

No injuries occurred.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
COMPANY, HAMILTON,	43-45 LINCOLN ST NEWTON, MASSACHUSETTS 0	617-783-0039	97	BRICK PILLAR

**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