

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/02/2020	Time of Crash 19:35 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:				
Route# Direction Name of Roadway/Street At			SOUTH ARMORY STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____			2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N X E W of _____ WASHINGTON STREET Route# Intersecting Roadway/Street			2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S X W of _____ TRADER JOES Landmark _____			11 2				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000632	
License # --- St CT DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL P Operator ROBERTSON RICARDO S Address 46 IRVING ST City HARTFORD State CT Zip 06112 Insurance Company ACE			Reg # 72ZB43 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 20 Owner RENTAL RYDER TRUCK Address 99 MURPHY RD City HARTFORD State CT Zip 06114 Vehicle Action Prior to Crash 10 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 13 10				
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 Medical Facility							
Operator			See Above							
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator USPALENKO SVETLANA Address 51 WAGONWHEEL RD City SUDBURY State MA Zip 01776 Insurance Company ARBELLA MUTUAL INSURANCE COMPANY			Reg # 63579A Reg Type COMMERIC/Reg State CT Veh Year 2019 Veh Make FRHT Veh Config. 8 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 13 10				
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 Medical Facility							
Operator/Non-Motorist			See Above							

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: 1 2

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:

MV1 was pulling out of the trader joe's parking lot. MV2 was backing out of the parking lot across the street from the trader joe's parking lot. MV1 began to turn left traveling towards Washington Street. MV1 did not notice MV2 backing out of the parking lot across the street. The rear fender of MV2 was damaged. There was no visible damage to MV1. There were no injuries. Both vehicles drove away from the scene.

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 # 63579A (From Vehicle Section)

Carrier Name RYDER TRUCK RENTAL Carrier Issuing Authority Code 35

Address 99 MURPHY RD City HARTFORD St Zip 06114

US DOT #: State Number Issuing State CONN ICC #: Interstate 99 36

Cargo Body Type Code 0 37 Gross Vehicle Weight 2 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