

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/04/2020	Time of Crash 08:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> 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 _____			WEST 89 NEEDHAM 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 _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Intersecting Roadway/Street _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000636	
License # _____ St MA DOB/Age _____			Reg # 7ED332 Reg Type PAS Reg State MA			Veh Year 2019 Veh Make NISSAN Veh Config. 2			Veh Year 2019 Veh Make NISSAN Veh Config. 2	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make NISSAN Veh Config. 2			Veh Year 2019 Veh Make NISSAN Veh Config. 2			Veh Year 2019 Veh Make NISSAN Veh Config. 2	
Operator GOODMAN AMY EVA			Owner NISSAN INFINITI NISSAN INFINITI			Owner NISSAN INFINITI NISSAN INFINITI			Owner NISSAN INFINITI NISSAN INFINITI	
Address 89 NEEDHAM ST (apt. 2449)			Address PO BOX 254648			Address PO BOX 254648			Address PO BOX 254648	
City NEWTON State MA Zip 02461			City SACRAMENTO State CA Zip 95865			City SACRAMENTO State CA Zip 95865			City SACRAMENTO State CA Zip 95865	
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21			Vehicle Action Prior to Crash 1 21			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22	
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23			Most Harmful Event 1 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			Driver Contributing Code 99 24 24			Driver Contributing Code 99 24 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
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			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			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			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	
Operator See Above			Operator See Above			Operator See Above			Operator See Above	
Operator See Above			Operator See Above			Operator See Above			Operator See Above	
Operator See Above			Operator See Above			Operator See Above			Operator See Above	
Operator See Above			Operator See Above			Operator See Above			Operator See Above	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			Please Select One of the Following: <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			Please Select One of the Following: <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			Please Select One of the Following: <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17	
License # _____ St MA DOB/Age _____			Reg # 9A5524 Reg Type PAS Reg State MA			Reg # 9A5524 Reg Type PAS Reg State MA			Reg # 9A5524 Reg Type PAS Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make BMW Veh Config. 2			Veh Year 2012 Veh Make BMW Veh Config. 2			Veh Year 2012 Veh Make BMW Veh Config. 2	
Operator BOAHN YELLEH			Owner SONII ARCHIE			Owner SONII ARCHIE			Owner SONII ARCHIE	
Address 89 NEEDHAM ST (apt. 2134)			Address 89 (apt. 2134) NEEDHAM ST			Address 89 (apt. 2134) NEEDHAM ST			Address 89 (apt. 2134) NEEDHAM ST	
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461	
Insurance Company GOVT EMPLOYEE INS.			Vehicle Action Prior to Crash 10 21			Vehicle Action Prior to Crash 10 21			Vehicle Action Prior to Crash 10 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22	
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Underride/Override 25 Towed N			Underride/Override 25 Towed N	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
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			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			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			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	
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

PARKING GARAGE @ AVALON #89 NEEDHAM ST

Unit 1

Unit 2

Unit 1

Unit 2

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:

The operator of veh #1 stated she was driving due West in the underground parking garage of #89 Needham St-The Avalon Apts when veh #2 backed out of her parking spot. The operator of veh #1 stated veh #2 backed up too fast and struck the front passenger side quarter of her vehicle. Veh #1 sustained moderate damage and was towed by Tody's Towing.

The operator of veh #2 stated she looked both ways before backing out of her parking spot and started turning when veh #1 drove into her vehicle. Operator of veh #2 stated veh #1 came out of no where. Minor damage to veh #2 rear bumper (drivers side and middle of bumper).

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

ZACHARY S RAYMOND **NEWTON POLICE DEPT** **11/04/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00