

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/18/2020	Time of Crash 15:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>5</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 _____			EAST 624 WASHINGTON 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000661		
License # _____ St MA DOB/Age _____			Reg # 668EH9			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2008			Veh Make TOYOTA			Veh Config. <u>1</u> <u>20</u>		
Operator BRADY SUSAN Last First Middle			Owner (Same as operator)			First Middle					
Address 21 VERNON ST			Address _____			First Middle					
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____			First Middle					
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash <u>10</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u>			Towed <u>N</u>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u>			Towed <u>N</u>					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator			See Above			99 4 99 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____			Reg # 27247			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2005			Veh Make HONDA			Veh Config. <u>1</u> <u>20</u>		
Operator PURCELL SANDRA Last First Middle			Owner (Same as operator)			First Middle					
Address 28 AUSTIN (apt. 224)			Address _____			First Middle					
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____			First Middle					
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash <u>11</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u>			Towed <u>Y</u>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u>			Towed <u>Y</u>					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator/Non-Motorist			See Above			0 4 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 2

Unit 1

624 Washington st

N

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:

On Wednesday, November 18th 2020, at approximately 3:40pm, I, Officer Brooks, responded to 624 Washington street, the Santander Bank, for an MVA in the parking lot. Upon my arrival I spoke with the operator of MV1 (MA reg 668EH9), who stated she was backing out of a parking space when she struck MV2 (MA reg 27247) in the rear end. There was no visible accident damage to MV1.

I spoke with the operator of MV2 who stated she was parked when her vehicle was backed into. The contact was to the rear of the vehicle, but the operator stated her car was now making noises and would not drive. I observed the front drivers side tire to be crooked from damage under the vehicle. The entire vehicle was covered in scratches and nothing distinguishable from an accident. The operator of MV2 stated her vehicle was struck hard, so I offered her medical attention which she declined. She contacted AAA to remove her vehicle.

(Continued on next page)

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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPT

11/18/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

