

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/09/2020		Time of Crash 12:43 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:						9	
Route# Direction Name of Roadway/Street At				EAST 849 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 4	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with													
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000719					3
License # --- St MA DOB/Age ---				Reg # 451WX9 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2012 Veh Make HONDA Veh Config. 2 20									
Operator KRAMER MAIA Last First Middle				Owner KRAMER REBECCA EIRENE Last First Middle									12
Address 84 LARCHMONT AVE				Address 84 LARCHMONT AVE.									
City NEWTON State MA Zip 02468				City NEWTON State MA Zip 02467									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 23 1 9 3 4 5 11 Totalled									
Citation # (If Issued) _____				Most Harmful Event 2 23 1 9 3 4 5 11 Totalled									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													13
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													2
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 ---				Reg # M2534A Reg Type MVN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make FORD Veh Config. 2 20									
Operator BERTRAND WILLIAM J Last First Middle				Owner CITY OF NEWTON DPW Last First Middle									
Address 95 OAK ST				Address 110 CRAFTS ST									
City NATICK State MA Zip 01760-1935				City NEWTON State MA Zip 02458									
Insurance Company CITY OF NEWTON				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 1 23 1 9 3 4 5 11 Totalled									
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 3 4 5 11 Totalled									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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:

849 BEACON ST

BEACON ST

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:

On 12/09/2020 I responded to the area of 849 Beacon St for a motor vehicle crash involving a City of Newton owned motor vehicle. Beacon St is a public way in the City of Newton.

Vehicle 1 was located across from 849 Beacon St in a parking stall located in the eastbound lane of Beacon St. Vehicle 2 a City of Newton owned motor vehicle was parked in a parking stall directly in front of Vehicle 1. Vehicle 1 then struck Vehicle 2 while attempting to pull into the eastbound travel lane. As a result of the impact Vehicle 1 sustained minor damage to the passenger side front bumper, Vehicle 2 sustained minor damage to the drivers side rear quarter panel.

No injuries were reported on scene.

No vehicle tows were required.

(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

♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Placard	40
---------	----

CDP1 11 -24:00