

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/13/2020		Time of Crash 15:29 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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				SOUTH 33 BOYLSTON ST		Route# Direction Address # Name of Roadway/Street						2			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						10			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						11			
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000733					4		
License # _____ St _____ DOB/Age _____				Reg # 814XP2		Reg Type PAN		Reg State MA					12		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2011		Veh Make HONDA		Veh Config. 2 20					1		
Operator _____ Last First Middle				Owner PRICE HAROLD Last First Middle		Address 427 (apt. 5) WASHINGTON ST									
Address _____				City BROOKLINE		State MA		Zip 02446							
Insurance Company GEICO				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 2 23		1 24 24		11 Totalled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---				Reg # 463RZ5		Reg Type PAN		Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions N 19 CDL _____				Veh Year 2011		Veh Make VOLKSWAGON		Veh Config. 2 20							
Operator MENDEZ MOURDES Last First Middle				Owner (Same as operator)		Last First Middle									
Address 125 PLEASANT ST (apt. 608)				Address _____		City _____		State MA		Zip 02446					
Insurance Company GEICO				Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 2 23		1 99 24 24		5 11 Totalled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		Underride/Override 25 Towed N									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
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    → Pedestrian

**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:**

Vehicle #1 was parked in a legal parking spot when Vehicle #2 was attempting to back out of the spot to the right of Vehicle #1. Vehicle #2 clipped the right side of Vehicle #1 with the left side of Vehicle #2. Vehicle #1 had minor damage to the rear fender and a scrape on the right side by the rear tire well. Vehicle #2 has unknown damage.

Vehicle #2 left the scene without exchanging any info. Vehicle #1 was unoccupied at the time of the accident.

All Vehicle information of Vehicle #2 was given to police by a witness. Witness information has been entered into the crash report.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
AYOTTE, JORDAN,	,	----	N

**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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPART	12/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00