


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/16/2020	Time of Crash 13:52 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			WEST 845 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 _____ Route# Intersecting Roadway/Street _____ Feet N S E 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 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000741	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company AMICA MUTUAL			Reg # 2BAK94 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 2 20 Owner GREY ETHAN C Address 4 LORRAINE RD City WALPOLE State MA Zip 02081 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BROWN MARK C Address 114 MONROE ST City DEDHAM State MA Zip 02026 Insurance Company PROGRESSIVE DIRECT			Reg # 3910ZR Reg Type PAN Reg State MA Veh Year 2016 Veh Make LEXUS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) T0115919 Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____ 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

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

#2 would have damage on the passenger side with grey paint from #1.

Traffic Bureau Update (Officer Gaudet): On Friday, December 18, 2020 I spoke with the owner of MV2, Mark Brown (S38802538). Mr. Brown stated he was operating his 2016 Lexus ES (MA: 3910ZR) on Beacon Street at the time of the crash. Mr. Brown stated he was thinking of parking in the area. Mr. Brown stated when he was pulling into the spot he decided he didn't have enough time to do his shopping and left the area. Mr. Brown stated he did not know he was involved in crash. Mr. Brown stated when he got home he saw a scratch on his passenger side but did not call the police because he thought insurance would handle it. Mr. Brown will be mailed Massachusetts Uniform Citation T0115919 for Newton City Ordinance Chapter 19,

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 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

