

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/27/2020	Time of Crash 15:07 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			WEST 23 LINCOLN ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11
Route# Direction Name of Intersecting Roadway/Street											3
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000772		
License # --- St MA DOB/Age ---			Reg # PLK123 Reg Type PAV Reg State MA			Veh Year 2016 Veh Make INFINITI Veh Config. 1 20					12
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Operator KAY PRISCILLA First Middle			Owner (Same as operator) First Middle					1
Address 78 JACKSON ST			City NEWTON CENTRE State MA Zip 02459			Insurance Company AMICA MUTUAL INSURANCE					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 4 24 24			Underride/Override 25 Towed Y		
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											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		1
Operator See Above			--- --- 1 4 4 0 0 10 1								
KAY, FREDERICK 78 JACKSON ST NEWTON, MA 02459			--- --- M 3 1 4 4 0 0 10 1								
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 # 159XT5 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make SUBARU Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator STRAUSS SAMUEL CURTIS First Middle			Owner FRANKLIN-STAUS: EMILY W First Middle					
Address 189 LINCOLN STREET			City NEWTON State MA Zip 02461			Insurance Company PRIVILEGE UNDERWRITERS RECIPROCAL EXCH					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed Y		
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/Non-Motorist See Above			--- --- 1 4 4 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

23 Lincoln Street

Lincoln Street

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:

Operator of MV1 states she was pulling out of a parking space in front of 23 Lincoln Street traveling westbound when MV2 struck MV1 causing damage to the front left corner panel. MV1 sustained front end damage and was towed from the scene.

Operator of MV2 states he was traveling westbound on Lincoln Street when he didn't see MV1 pulling out of the parking space and struck MV1 with MV2's front right corner panel. MV2 sustained front end damage and was towed from the scene.

Towed motor vehicle inventory forms were completed and submitted. No injuries reported.

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

TIMOTHY F KEEFE **NEWTON POLICE DEPARTMENT** **12/27/2020**

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

CDP1 11 -24:00