

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/18/2021		Time of Crash 14:30 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 19 OAKWOOD TER Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				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	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 210000026								4	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GABRIEL ADAM Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company SELF INSURED				Reg # MP495B Reg Type MVN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 2 20 Owner CITY OF NEWTON PD Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility								2	
Operator See Above				Age/DOB Sex --- 1 4 4 0 0 10 1									
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped								1	
License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY				Reg # 1SYF44 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2 20 Owner ADAMS DANIEL Address 19 OAKWOOD TER City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility									
Operator/Non-Motorist See Above				Age/DOB Sex --- --- ---									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

ie: → 1    → 2    →

19

NOT TO SCALE

MV1

MV2

OAKWOOD TER

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

**Crash Narrative:**

MV1 was parking for an unrelated call and side swiped parked MV2. No injuries to any party. Minor damage to MV1 and MV2. Pictures taken and forwarded to IT.

**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 WALTON**    **NEWTON POLICE DEPT**    **01/18/2021**

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

CDP1 11 -24:00