

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/19/2021		Time of Crash 13:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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				30 SOUTH 2345 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2 10	
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						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000029							
License # --- St CT DOB/Age ---				Reg # 883XTU Reg Type PAN Reg State CT		Veh Year 2009 Veh Make INFIN Veh Config. 2 20						12	
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment				Owner PETOSKEY JON		Address 147 JESSICA DR						1	
Operator PETOSKEY INDIRA Last First Middle				Address 147 JESSICA DR		City E.HARTFORD State CT Zip 06118							
Insurance Company STATE FARM				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22							
Citation # (If Issued) _____				Most Harmful Event 1 23		Driver Contributing Code 1 24 24							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed Y		Diagram: 10 Undercarriage 5 11 Totalled							
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 NONE							
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 # 2FSV79 Reg Type PAN Reg State MA		Veh Year 2013 Veh Make HOND Veh Config. 1 20							
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment				Owner (Same as operator)		Address _____							
Operator CHANG WENDY Last First Middle				Address _____		City _____ State MA Zip 01801							
Insurance Company GOVT EMPLY. INS				Vehicle Action Prior to Crash 10 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		Event Sequence 1 22 22 22 22							
Citation # (If Issued) _____				Most Harmful Event 1 23		Driver Contributing Code 4 24 24							
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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 NONE							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

The operator of MV#1 stated that she was attempting to exit the parking area at the Marriott Hotel, #2345 Commonwealth Ave when MV#2 backed out of a parking space and struck MV#1.

The operator of MV#2 stated that she was attempting to back out of a parking space near the exit of the parking area when her MV struck MV#1.

No injuries, no tows.

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