

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/03/2021		Time of Crash 18:15 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:							
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>SOUTH 15 JACKSON TER</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>							
3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000080					
41		License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY		Reg # 4TGA60 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner BARBOSA SHEILA Address 15 JACKSON TERRACE City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N		<div>712</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>10 Undercarriage 5 11 Totaled</div>							
5		Vehicle Travel Direction: N X 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 _____		Please fill out for operator and all occupants involved		<div>13</div> <div>2</div>							
64		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									
79		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		License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO		Reg # 817DG1 Reg Type PAN Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 2 20 Owner CANNON TASHA Address 17 (apt. 2) JACKSON TERR City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y		<div>13</div> <div>2</div>					
84		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 →

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:

MV1 was parked in the residence's driveway when MV2 slid into its front passenger fender as it was being towed out of the driveway due to mechanical issues. Owner of MV1, Sheila Barbosa stated that the damage was not there the previous night and the next morning it was and she subsequently has a video showing MV2 actively getting towed out of the shared driveway. Owner of MV2, Tasha Cannon admitted that her car did infact slide into MV1 causing minor damage as it was being towed out of the driveway. MV1 damage was done to its front passenger fender, MV2 did not sustain any damage per Ms. Cannon. No injuries as both vehicles were unoccupied at the time of the incident.

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