

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/04/2021	Time of Crash 11:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
RICKER RD										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>0</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000082			
License # _____ St _____ DOB/Age _____			Reg # AV36829		Reg Type PAS		Reg State CT			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year 2017		Veh Make HYUNDAI		Veh Config. <u>1</u> <u>20</u>			
Operator _____ Last _____ First _____ Middle _____			Owner COLEMAN ANNA		NICOLE					
Address _____			Address 1 GERALD ST							
City _____ State _____ Zip _____			City EAST HAVEN		State CT		Zip 06512			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>3</u> <u>4</u>		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 <u>9</u> <u>11</u> Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>		8 <u>7</u> <u>6</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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 type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State <u>20</u>			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator _____ Last _____ First _____ Middle _____			Owner _____		Last _____ First _____ Middle _____					
Address _____			Address _____							
City _____ State _____ Zip _____			City _____		State _____		Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>3</u> <u>4</u>		10 Undercarriage			
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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:

Owner of vehicle # 1 stated that her car had been parked on Tremont at Pembroke for the last few days. She noticed it had been hit during that time. A note was left saying " I Clipped your car. Eileen Burns. 617-458-0007". That phone number belongs to Balloons Over Boston. Eileen Burns appears to own this company. I left a message and am waiting for a call back.

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