

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/11/2021	Time of Crash 15:06 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:				
Route# Direction Name of Roadway/Street At			WEST 11 NEAL ST 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 Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000106		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____			Reg # 7DP711 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			Operator _____ Last First Middle Address _____ City NEWTON State MA Zip 02462			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N		
Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled			12		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13		
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			2		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make UNKNOWN Veh Config. <input type="checkbox"/> 20			Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____			Vehicle Action Prior to Crash <input type="checkbox"/> 99 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 2 Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N		
Insurance Company _____			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled			8		
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→ 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 owner of MV#1 states he parked his vehicle on the street today at approx. 0900 hrs. When he came back to his vehicle at approx. 1500 hrs., he noticed damage to the front left area above his wheel. Based on the narrow roadway and the damage, he believes the unknown vehicle might have backed into his vehicle.

I observed some white or light colored paint transference was left on his blue vehicle. The owner of MV#1 states that #4 Neal Street has a camera pointed nearby but the owners aren't home yet and he will notify us if anything useful is found on surveillance.

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

RAYMOND H CHIEU

NEWTON POLICE DEPART

02/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date