

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/13/2021		Time of Crash 17:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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 697 WASHINGTON ST		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						2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000115						3		
License # --- St MA DOB/Age ---				Reg # 136GS5 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20						12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement				Operator TORO JENNIFER		Owner (Same as operator)						1		
Address 39 CHAPMAN ST				City WATERTOWN State MA Zip 02472		Address _____								
Insurance Company CITIZENS INSURANCE COMPANY OF AMERICA				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2		10 Undercarriage								
Citation # (If Issued) _____				Most Harmful Event 1 23		5 11 Totaled								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N								
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
Operator				See Above		-----		---		1 4 4		0 0 10 1		
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												1		
License # --- St DOB/Age ---				Reg # Reg Type UNKNOWN Reg State XX		Veh Year N/A Veh Make UNKNOWN Veh Config. 97 20								
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement				Operator UNKNOWN UNKNOWN UNKNOWN		Owner (Same as operator)								
Address UNK UNK				City UNK State XX Zip UNK		Address _____								
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 22 22 22 2		10 Undercarriage								
Citation # (If Issued) _____				Most Harmful Event 2 23		5 11 Totaled								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		Underride/Override 25 Towed N								
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
Operator/Non-Motorist				See Above		-----		---		99 99 99 99		99 99 99		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

697 Washington Street

Unit 1

Unit 2

Washington Street

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 MV1 stated she was parked in front of 647 Washington St when the vehicle behind her, pulled out on to Washington Street and struck the driver side rear bumper. The 2nd vehicle involved, continued, Westbound on Washington Street. The operator of MV1 described the other vehicle involved as a dark colored sedan, operated by a male party. Multiple units checked the area, yielding negative results.

MV1 sustained minor scratch to the rear driver side bumper.

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

SEAN STAKE

NEWTON POLICE DEPT

02/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date