

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/01/2021		Time of Crash 12:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:							
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						NORTH 85 CHARLEMONT ST							
						Route# Direction Address # Name of Roadway/Street							
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
						Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000156							
License # --- St MA DOB/Age ---						Reg # 678HL9 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2006 Veh Make JEEP Veh Config. 2 20							
Operator COUTTS REBECCA						Owner GUSELLI PAUL							
Address 85 CHARLEMONT STREET						Address 401 PELHAM STREET							
City NEWTON State MA Zip 02459						City METHUEN State MA Zip 01844							
Insurance Company SAFETY INSURANCE						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 2 22 22 22 22 2 3 4							
Citation # (If Issued) _____						Most Harmful Event 2 23 1 9 5 11 Totalled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N							
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												2	
Operator See Above ----- --- 99 4 99 0 0 10 1													
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 ---						Reg # --- Reg Type --- Reg State ---							
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____						Veh Year --- Veh Make --- Veh Config. 20							
Operator ---						Owner ---							
Address ---						Address ---							
City --- State --- Zip ---						City --- State --- Zip ---							
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
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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												2	
Operator/Non-Motorist See Above ----- ---													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

ROLAND ST

CHARLEMONT STREET

P.O.I.

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:

REPORTING PARTY OF MV1 STATED SHE PARKED HER CAR IN FRONT OF HER HOUSE AT 85 CHARLEMONT STREET FRIDAY NIGHT. SOMETIME SUNDAY MORNING WHEN SHE WENT OUT TO HER CAR SHE NOTICED THE REAR DRIVER'S SIDE PANEL HAD SOME DAMAGE. THE TAIL LIGHT WAS ALSO CRACKED AND SOME DENTS RIGHT BELOW THE GAS TANK. MOST OF THE DAMAGE TO THE VEHICLE WAS MINOR AND DOES NOT INTERFERE WITH THE OPERATION OF THE VEHICLE. I INFORMED THE DRIVER TO CONTACT INSURANCE COMPANY AND REPORT THE DAMAGE. I CHECKED THE SURROUNDING AREA IF I COULD FIND ANY VEHICLE THAT MIGHT HAVE HAD FRESH DAMAGE OR PAINT THAT MATCHED THE COLOR OF MV1. I CAME UP WITH NEGATIVE RESULTS.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42