

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/08/2021		Time of Crash 16:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 _____				SOUTH 1000 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000167			4
1				License # _____ St MA DOB/Age _____		Reg # PTOMI		Reg Type PAV		Reg State MA		12	
4				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2015		Veh Make KIA		Veh Config. 1 20		1	
1				Operator BONIS ALICE J		Owner (Same as operator)							
5				Address 19 ROCKWOOD ST.		Address _____							
1				City AUBURNDALE State MA Zip 02466		City _____ State _____ Zip _____							
6				Insurance Company ARBELLA		Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
1				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 2 22 22 22 22		2		4			
1				Citation # (If Issued) _____		Most Harmful Event 2 23		1		5 11 Totalled			
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 1 24 24		8		6			
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N							
13				Please fill out for operator and all occupants involved		26		27		28		29	
2				Name (Last First Middle) Address _____		Age/DOB _____ Sex _____		Seat Pos. _____ Safety System _____		Airbag Status _____		Airbag Switch _____	
				Operator See Above		-----		1 4		99		0 0	
7				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	
1												<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
8				License # _____ St _____ DOB/Age _____		Reg # 366AH3		Reg Type PAN		Reg State MA		13	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2001		Veh Make TOYOTA		Veh Config. 1 20		1	
				Endorsment _____		Owner ANDERSEN BARBARA							
				Address _____		Address 245 (apt. 511) WALNUT STREET							
				City _____ State _____ Zip _____		City NEWTON State MA Zip 02460							
				Insurance Company COMMERCE		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 1 22 22 22 22		2		4			
				Citation # (If Issued) _____		Most Harmful Event 1 23		1		5 11 Totalled			
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 1 24 24		8		6			
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N							
13				Please fill out for operator and all occupants involved		26		27		28		29	
				Name (Last First Middle) Address _____		Age/DOB _____ Sex _____		Seat Pos. _____ Safety System _____		Airbag Status _____		Airbag Switch _____	
				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:**

The operator of MV1 was traveling through the circle in front of 1000 Commonwealth Ave, City Hall, when her vehicle sideswiped a parked and unoccupied MV2.

The operator of MV1 was not hurt.

MV1 sustained a minor right side scratch and MV2 sustained a minor left front bumper scratch.

**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

HAGAI BRANDON	30619	NEWTON POLICE DEPART	03/08/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date