

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/12/2021	Time of Crash 15:46 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 1321 WASHINGTON ST								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000175		
License # --- St MA DOB/Age ---			Reg # 584MK1 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make FORD Veh Config. 1 20		
Operator FERGUSON ANDREA			Owner CITY OF NEWTON			Address 1321 WASHINGTON STREET			Address 1000 COMMONWEALTH AVE		
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02459			Insurance Company SELF INSURED			Vehicle Action Prior to Crash 10 21		
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 18 24 24			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6					
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										2	
Operator See Above											
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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St DOB/Age ---										Reg # 492B Reg Type MVN Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____										Veh Year 2020 Veh Make FORD Veh Config. 2 20	
Operator _____										Owner CITY OF NEWTON	
Address _____										Address 1000 COMM AVE	
City _____ State _____ Zip _____										City NEWTON State MA Zip 02460	
Insurance Company _____										Vehicle Action Prior to Crash 11 21	
Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? N										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event 1 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code 24 24	
Underride/Override 25 Towed N										8 7 6	
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

1321

WASHINGTON ST

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:

Operator 1 was backing into a parking space behind 1321 Washington St when she struck unoccupied cruiser 492. Minor damage to the rear drivers quarter panel of N492. Minor damage to the rear passenger quarter panel of N526. No injuries reported, both vehicles were able to be driven from the scene.

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

TIMOTHY WALTON **NEWTON POLICE DEPT** **03/12/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00