

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																							
Date of Crash 03/12/2021		Time of Crash 14:58 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:																																																																								
<div>12</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>NORTH 9 BEACON PL</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																								
						<div>210</div> <div><input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div> <div>Case Number 2100000176</div>																																																																								
						<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____</div> <div>Address _____</div> <div>City _____ State MA Zip 02459</div> <div>Insurance Company AMICA INSURANCE</div>																																																																								
						<div>5</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																								
<div>61</div> <div>Reg # 4BD874 Reg Type PAN Reg State MA</div> <div>Veh Year 2014 Veh Make LAND Veh Config. 2 20</div> <div>Owner WILDES KRISTIN</div> <div>Address 9 BEACON PLACE</div> <div>City NEWTON State MA Zip 02459</div> <div>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2 3 4</div> <div>Most Harmful Event 1 23 10 Undercarriage</div> <div>Driver Contributing Code 1 24 24 5 11 Totaled</div> <div>Underride/Override 25 Towed N</div>						<div>12</div> <div>Diagram of vehicle damage with numbered circles 1-11 and a circle around 9.</div>																																																																								
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<div>81</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator ELFLAND LYNNE</div> <div>Address 45 OAK HILL ST</div> <div>City NEWTON State MA Zip 02459</div> <div>Insurance Company TRAVELERS PROPERTY CASUALTY COMPANY OF</div>						<div>Reg # 610R Reg Type PAN Reg State MA</div> <div>Veh Year 2020 Veh Make LAND Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22 2 3 4</div> <div>Most Harmful Event 2 23 10 Undercarriage</div> <div>Driver Contributing Code 19 24 24 5 11 Totaled</div> <div>Underride/Override 25 Towed N</div>																																																																								
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Beacon Street

Centre Street

Demeo Realty

Eastern Bank

Kenneth Wilkes Salon

NOT TO SCALE

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:**

Owner of Motor Vehicle # 1 stated that her vehicle was parked and unoccupied in the parking lot of 9 Beacon Place when Motor Vehicle #2 backed up and struck her vehicle causing minor front end damage.

Operator of Motor Vehicle # 2 stated she was in reverse backing out of a parking spot and struck Motor Vehicle #1 that was parked and unoccupied. Motor Vehicle #2 sustained minor rear end damage.

**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

**ZOI H LAZARAKIS**      **NEWTON POLICE DEPT**      **03/12/2021**

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

CDP1 11 -24:00