

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/11/2021	Time of Crash 12:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 200 BOYLSTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000255			
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City State Zip Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA			Reg # 6WK396 Reg Type PAN Reg State MA Veh Year 2016 Veh Make MAZDA Veh Config. 2 20 Owner CARNET CONOR Address 33 ELMWOOD AVE. City NATICK State MA Zip 01760 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 1 2 3 4 5 6 7 8 9 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			213							
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										
CARNEY, MONICA 33 ELMWOOD AVE NATICK, MA 01760										
CARNEY, BEATRICE 33 ELMWOOD AVE NATICK, MA 01760										
CARNEY, CALLUM 33 ELMWOOD AVE NATICK, MA 01760										
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # St DOB/Age Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Operator UNKNOWN UNKNOWN UNKNOWN Address UNK UNK City UNK State XX Zip UNK Insurance Company UNKNOWN			Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 1 2 3 4 5 6 7 8 9 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			213							
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										

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Motor Vehicle 1

Motor Vehicle 2

200 Boylston Street

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:**

Motor vehicle 1 (MV1) was parked facing westbound in the parking lot of 200 Boylston Street when motor vehicle 2 (MV2) attempted to take a right turn into an adjacent parking spot (on the drivers side ) and side swiped MV1. MV2 then backed up and left the area in an unknown direction. As a result of the crash MV1 sustained minor rear drivers side damage. MV2 likely sustained minor front passengers side damage.

Monica Carney, who was sitting in the front passengers seat at the time of the crash, described MV2 as a black sedan with a partial MA Reg. of "6LT".

Traffic Bureau update (Officer Gaudet): I was able to obtain footage of the crash from Chestnut

(Continued on next page)

**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

