

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/25/2021	Time of Crash 11:24 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 97 UNION ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000284		
License # St DOB/Age ---			Reg # UNKNWN Reg Type UNKNOWN Reg State XX			Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL			Veh Year UNK Veh Make UNKNOWN Veh Config. 13 20		
Operator UNKNOWN UNKNOWN UNKNOWN			Owner (Same as operator)			Address			12 1		
City UNK State XX Zip UNK			City State Zip			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company UNKNWN			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			13 2		
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			-----			99 4 99 0 0 99 99					
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 type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			License # St MA DOB/Age ---			Reg # 4ER970 Reg Type PAN Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2016 Veh Make VOLVO Veh Config. 2 20			Operator MCKELLAR AMY			Owner BELL EDWARD P		
Address 74 ALDEN RD			Address P.O. BOX 812360			City NEEDHAM State MA Zip 02492			City WELLESLEY State MA Zip 02482		
Insurance Company BANKERS STANDARD INSURANCE COMPANY			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			13 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Please fill out for operator and all occupants involved			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		
Operator/Non-Motorist See Above			-----			-----			10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

97 Union Street

Union Street

Motor Vehicle 1

Motor Vehicle 2

Herrick Road

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 backing up on Union Street (westbound) when it crashed into motor vehicle 2 (MV2), which was parked facing eastbound across from 97 Union Street. MV1 then left the area heading southbound on Herrick Rd. As a result of the crash MV2 sustained significant front end and drivers side damage. MV2 likely sustained minor to moderate rear passengers side damage.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
COTTRELL, CARL,	7 LODGE ROAD NEWTON, MA 02465	----	Y

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