

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/10/2021	Time of Crash 16:10 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 797 BEACON 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 4				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000329		
License # --- St MA DOB/Age ---			Reg # 6ZBP80 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make JEEP Veh Config. 1 20		
Operator VIDITO ELYSSA			Owner (Same as operator)			Address			City State Zip		
Address 21 MIDDLESEX AVE (apt. 204)			Address			City State Zip			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY			Event Sequence 97 22 22 22 22			Most Harmful Event 97 23			Driver Contributing Code 1 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			2 13		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year --- Veh Make UNKNOWN Veh Config. 20			Operator ---			Owner ---		
Address ---			Address ---			City --- State --- Zip ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Driver Contributing Code 12 24 24			Underride/Override 25 Towed N			Citation # (If Issued)		
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre St

Beacon St

Langley Rd

MV1

MV2

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator of MV1 stated she was parked in the Newton Centre Municipal Lot between approximately 1000 hours and 2300 hours yesterday (Sunday, May 9th, 2021). At 2300 hours she went to her vehicle and noticed damage on the right side doors. MV1 had a white scrape that went from the front of the front passenger door to the back of the rear passenger door. The damage also dented the front door which prevents the front door from being opened fully. It is believed MV2 sideswiped MV1 while pulling into or out of the parking spot to the right of MV1. No information on MV2 at this time.

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

RICHARD NEWTON **NEWTON POLICE DEPT** **05/10/2021**

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

CDP1 11 24:00