

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/20/2021	Time of Crash 08:55 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 2014 WASHINGTON ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of 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 2100000373		
License # --- St MA DOB/Age ---			Reg # 9AV555 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make HONDA Veh Config. 2			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment		
Operator HARRISON NICOLE			Owner SCHACK LAWRENCE			Address 100 CLIFF RD			City WELLSLEY State MA Zip 02481		
Address 1401 GRANT POND RD			Address 100 CLIFF RD			City WELLSLEY State MA Zip 02481			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: N X 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					
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			1 4 4 0 0 10 1					
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 # 163HH6 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make AUDI Veh Config. 1			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment		
Operator MILLER LEWIS			Owner (Same as operator)			Address			City NEWTON State MA Zip 02481		
Address 60 CARLTON RD			Address			City NEWTON State MA Zip 02481			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company HANOVER INS			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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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			1 4 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

On 5/20/2021 at approx 0855hrs while assigned to 497 I responded to NWH west lot for a report of a 2 car crash without injuries. Upon arrival I met with both operators, Nicole Harrison and Lewis Miller . Both were backing out of spots in the parking lot when they collided. Minor rear left damage to Harrisons vehicle, minor rear right to Lewis s car. Harrison requested a report as it was her employers car.

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**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

JO A GOURDEAU      NEWTON POLICE DEPARTM      05/23/2021

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

CDP1 11 -24-00