

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/25/2021		Time of Crash 18:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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:						9	
Route# Direction Name of Roadway/Street At				NORTH 1650 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
1 1		2 1		3		4 1		5 1		6 1		7 12	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000381							
License # --- St FL DOB/Age ---				Reg # JVVJ96 Reg Type PAN Reg State FL				20					
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 2				20					
Operator NICHOLSON CALLIE Last First Middle				Owner (Same as operator) Last First Middle				12					
Address 411 WALNUT ST (apt. 6755)				Address _____				12					
City GREEN COVE SPRINGS State FL Zip 32043				City _____ State _____ Zip _____				12					
Insurance Company ESURANCE PROPERTY				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 99 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				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				2					
Operator See Above				99 99 99 0 0 10 1				13					
Operator													
Operator													
Operator													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---				Reg # _____ Reg Type _____ Reg State _____				20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. _____				20					
Operator _____ Last First Middle				Owner _____ Last First Middle				12					
Address _____				Address _____				12					
City _____ State _____ Zip _____				City _____ State _____ Zip _____				12					
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				6					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				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				2					
Operator/Non-Motorist See Above				99 99 99 0 0 10 1				13					
Operator/Non-Motorist													
Operator/Non-Motorist													
Operator/Non-Motorist													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1650 Washington St. (Rear Parking Lot)

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:**

On 5/25/21, Newton Police responded to the rear parking lot of 1650 Washington St. for a past motor vehicle accident. Upon arrival, the vehicle owner of MV#1 stated she parked her vehicle, facing northbound in the rear parking lot at 0900 hrs. When she returned to her vehicle at 1800 hrs, there was a large scratch and scuff marks on the driver side front and rear door. Newton Police observed this damage and agree it is constant with either a sideswipe or collision with the front or rear bumper of another motor vehicle. The vehicle was not towed and was able to be driven from the scene. No surveillance cameras were observed in the immediate area.

**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

DANIEL SOHN    NEWTON POLICE DEPART    05/25/2021

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

CDP1 11 -24:00