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|---|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|---|---------------------|--|--|--|----|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 06/02/2021 | | Time of Crash 07:49 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 5 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 | | | | EAST 2095 COMMONWEALTH AVE 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 | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2100000403 | | | | | 3 | |
| License # --- St MA DOB/Age --- | | | | Reg # 5HC872 Reg Type PAN Reg State MA | | | | Veh Year 2018 Veh Make FORD Veh Config. 2 | | | | | 12 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2018 Veh Make FORD Veh Config. 2 | | | | Operator HUNTER-BURTON ALEXIS BREANN Last First Middle | | | | | 1 | |
| Address 389 SALEM ST | | | | Owner (Same as operator) Last First Middle | | | | City Haverill State MA Zip 01835 | | | | | | |
| Insurance Company HANOVER INSURANCE | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | | | Most Harmful Event 1 23 | | | | | | |
| Citation # (If Issued) _____ | | | | Driver Contributing Code 1 24 24 | | | | Underride/Override 25 Towed N | | | | | | |
| 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 | |
| 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 ----- --- 1 4 99 0 0 10 1 | | | | | | | | | 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 # T87-811 Reg Type COMM Reg State MA | | | | Veh Year 2019 Veh Make FORD Veh Config. 2 | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2019 Veh Make FORD Veh Config. 2 | | | | Operator GOULETTE MARK Last First Middle | | | | | | |
| Address 15 DAVEY LANE | | | | Owner SUNBELT RENTALS Last First Middle | | | | City WAKEFIELD State MA Zip 01880 | | | | | | |
| Insurance Company TRAVELLERS | | | | Vehicle Action Prior to Crash 10 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | | | Most Harmful Event 1 23 | | | | | | |
| Citation # (If Issued) _____ | | | | Driver Contributing Code 19 24 19 24 | | | | Underride/Override 25 Towed N | | | | | | |
| 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 Medical Facility | | | | Operator/Non-Motorist See Above ----- --- 99 4 99 0 0 10 1 | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

STARBUCKS

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:

Operator of vehicle #1 stated that she was looking for a parking spot in the Starbucks parking lot when vehicle #2 backed out of a spot and collided with vehicle #1. Operator #1 stated initially that she had swapped information with the operator of vehicle #2. Operator #1 had a plate # Comm reg T87 811 which is registered to sunbelt rentals. Operator #1 called police on 06/05/2021 to report that she did not have the drivers full information. Operator #2 had only given a name of Mark G. and no License info. I was able to get in touch with Mark G.'s supervisor Mr. Peter Johnson who was out of the state at the moment but would provide that information as soon as possible. Operator # 2 info updated on 06/08/2021 at 0830 hrs.

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