

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/12/2021	Time of Crash 17:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			NORTH 229 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000504			
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 9937PH Reg Type PAN Reg State MA		Veh Year 2016 Veh Make MITSUBISHI Veh Config. 2 20					
Operator Last First Middle			Owner BEAL JUDITH		Address 78 MT VERNON ST					
City State Zip			City FITCHBURG State MA Zip 01420		Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)					
Insurance Company COMMERCE			Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 1 23		5 11 Totaled					
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			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										
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 # 54542 Reg Type PAN Reg State MA		Veh Year 2016 Veh Make HONDA Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner (Same as operator)		Address					
Operator MCGOVERN ELAINE			City State Zip		Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
Address 12 TURNER TER			Event Sequence 2 22 22 22 22		2 3 4 10 Undercarriage					
City NEWTON State MA Zip 02460			Most Harmful Event 2 23		5 11 Totaled					
Insurance Company SAFETY			Driver Contributing Code 97 24 24		Underride/Override 25 Towed N					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Citation # (If Issued)							
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										

→ 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 Monday, July 12th 2021, at approximately 5:24pm, I, Officer Brooks, responded to the parking lot of the Barn, 229 Walnut street, for a car accident. I spoke with the owner of MV1 (MA REG 9937PH), who stated she had been parked here all day, and when she came out to her car there was a note on the windshield stating "Sorry i hit your car, foot slipped on wet". Her vehicle sustained damage to the drivers side front bumper.

The note contained the license plate for MV2 (MA REG 54542), and the registered owners name. Dispatch attempted to reach her by phone but was unable to speak with her. MV2 was still on scene and parked in front of MV1. MV2 had minor damage to the front bumper. It appears the operator of MV2 was pulling into the parking spot and struck MV1.

(Continued on next page)

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

JOSEPH J BROOKS	38339	NEWTON POLICE DEPT	07/12/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Date

CDP1 11 -24-00

