

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/19/2021		Time of Crash 18:44 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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 75 ADAMS 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 _____ NONANTUM BOXING CLUB Landmark _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000529			3
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE				Reg # 4NW658 Reg Type PAN Reg State MA Veh Year 2016 Veh Make BMW Veh Config. 1 20 Owner DUKES-ANDERSON TROY Address 206 (apt. 3) I STREET City SOUTH BOSTON State MA Zip 02127 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N								12	
5				Vehicle Travel Direction: [N][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 _____								7	
6				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												2	
Operator See Above													
7				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		1	
License # --- St MA DOB/Age --- Sex M Lic. Class [D][18][18] Lic. Restrictions [1][19] CDL _____ Operator RAUH ROBERT DAVID Address 6 SUMMIT RD City BELMONT State MA Zip 02478 Insurance Company COMMERCE				Reg # 7392VS Reg Type PAN Reg State MA Veh Year 2017 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [4][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [12][24][24] 5 11 Totaled Underride/Override [25] Towed N								8	
8				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 _____								99	
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:**

75 Adams St Nonantum Boxing Club

**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:**

MV1 was unoccupied and parked legally in a parking space belonging to 75 Adams St (Nonantum Boxing Club) when MV2, operated by Robert David Rauh, hit MV1. MV2 was pulling out of a parking spot in the same lot when he miscalculated the turn and damaged MV1 rear driver's side bumper. Minor damage was observed on MV2 passenger side bumper. No injuries and both vehicles were safe to drive.

**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