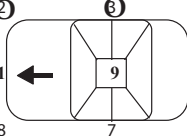
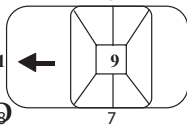


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/20/2021		Time of Crash 14:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				WEST 843 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 4		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000532					3	
License # --- St MA DOB/Age ---				Reg # 8ND997 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 1 20										
Operator ADAMS CHRISTINE M				Owner (Same as operator)									12	
Address 129 CENTRE ST				Address										
City BROOKLINE State MA Zip 02446				City State Zip										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22									10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____				Most Harmful Event 1 23										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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													1	
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 # R33880 Reg Type CON Reg State MA										
Sex M Lic. Class B 18 18 Lic. Restrictions E 19 CDL _____				Veh Year 2013 Veh Make FORD Veh Config. 2 20										
Operator CORRIGAN SHAWN				Owner MCS INDUSTRIES										
Address 33 GEORGE ST (apt. A)				Address 197 WEST CENTRAL ST										
City MENDON State MA Zip 01756				City NATICK State MA Zip 01760										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22									10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____				Most Harmful Event 1 23										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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:

NOT TO SCALE

843 Beacon St

Beacon St

MV2

MV1

P.O.I.

← N →

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 operator stated she was operating westbound past 843 Beacon St (a public way). MV1 operator stated MV2 pulled out of a parking spot on the west bound side of Beacon St and attempted to enter the traffic lane. MV1 operator stated MV2 struck (same side side swipe) the length of the passenger side of MV1 causing damage. MV1 operator stated she was not injured at this time, no tow required.

MV2 operator stated he was already in the traffic lane of Beacon St westbound with his left turn signal on, attempting to take a left into the driveway of 860 Beacon St. MV2 operator stated MV1 attempted to pass him on the left side, causing the two MVs to hit each other. MV2 has left front bumper damage, no two required.

MV2 operator stated he was not injured at this time.

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