

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/27/2021		Time of Crash 12:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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 1121 WASHINGTON 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	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000556						3	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator RUFO ALEXANDRA Address 38 HARRINGTON ST City NEWTON State MA Zip 02460 Insurance Company INTEGRON				Reg # 9EZ512 Reg Type PAN Reg State MA Veh Year 2020 Veh Make KIA Veh Config. 2 20 Owner HYUNDAI LEASE TITLING TRUST Address 2975 BRCKNRDG BLVD City DULUTH State GA Zip 30096 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								7 12	
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		7 1	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PROULX KATHERINE Address 137 IRVING ST City WATERTOWN State MA Zip 02472 Insurance Company STANDARD FIRE				Reg # 1FHK60 Reg Type PAN Reg State MA Veh Year 2012 Veh Make VOLKS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8 2	
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    → Pedestrian

**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

**NOT TO SCALE**

**Crash Narrative:**

ON 7-27-21 AT APPROX. 1235HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1121 WASHINGTON ST ( TRADER JOES ) REAR PARKING LOT I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS BACKING OUT OF HER PARKING STALL WHEN SHE SAW VEHICLE #2 WAS ALSO BACKING OUT. SHE STOPPED AND BEEPED AS VEHICLE #2 HIT HER VEHICLE. VEHICLE #2 STATES SHE WAS BACKING OUT OF HER PARKING STALL WHEN SHE SAW VEHICLE #1 WAS BACKING OUT. SHE STATES SHE STOPPED AND BEEPED AND WATCHED AS VEHICLE #1 HIT HER. VEHICLE #1 HAD MINOR REAR END DAMAGE. VEHICLE #2 HAD MINOR LEFT REAR END DAMAGE. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. DUE TO THE DAMAGE AND THE INFORMATION BOTH PARTIES GAVE ME I WAS UNABLE TO FIND WHO WAS AT FAULT IN THIS ACCIDENT. CLEARED WITHOUT FURTHER INCIDENT.

**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