

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/03/2021	Time of Crash 11:17 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 125 DERBY ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000665		
License # St DOB/Age			Reg # 789EK4 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2020 Veh Make MAZDA Veh Config. 1 20		
Operator Last First Middle			Owner HOWELL SUSAN Last First Middle			Address 17 CHURCH ST			City DEDHAM State MA Zip 02026		
Insurance Company GEICO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 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			10 Undercarriage 5 11 Totaled		
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 type="checkbox"/> Vehicle #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 DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			City State Zip		
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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					

Crash Narrative:

The owner of MV#1 called the NPD to report that she parked her MV in the rear parking lot of the Franklin School, 125 Derby St on 9/2/21 at 10AM and when she returned to her MV at 3PM it had damage to the rear drivers side.

I spoke with the custodians at the Franklin School and they state that they were aware of the MV in question because it was parked in an area where it wasn't supposed to be, but otherwise had no information on provide.

There are exterior cameras at the rear of the school that are working and I have contacted the appropriate person for footage. To be further investigated.

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