

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/24/2021	Time of Crash 21:51 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:					
<div>14</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<div>29</div> <div>210</div> <div>113</div> NORTH 28 AUSTIN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____							
<div>21</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
<div>3</div> 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 210000755			
License # --- St MA DOB/Age ---			Reg # 3PP286		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make LEXUS		Veh Config. 2 20			
<div>41</div> Operator BAKER CHANELLE Last First Middle			Owner TOYOTA LEASE TRU		Last First Middle					
Address 28 AUSTIN ST (apt. 324)			Address PO BX 105386		Last First Middle					
City NEWTON State MA Zip 02460			City ATLANTA		State GA Zip 30348					
Insurance Company FOREMOST INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N			Event Sequence 2 22 22 22 22		2 3 4					
Citation # (If Issued) _____			Most Harmful Event 2 23		1 9		10 Undercarriage 5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 15 24 24		8					
<div>61</div> Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		7 6					
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		-----		---		1 4 4 0 0 10 1	
<div>71</div> 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 # 2PDB56		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make MERZ		Veh Config. 1 20			
<div>82</div> Operator MARTIN LUMAN Last First Middle			Owner (Same as operator)		Last First Middle					
Address 306 WASHINGTON STREET (apt. 1)			Address _____		Last First Middle					
City SOMERVILLE State MA Zip 02143			City _____		State _____ Zip _____					
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 11 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		2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		10 Undercarriage 5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		7 6					
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		-----		---		99 1	

→ 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:

The operator of MV1 stated as she was pulling out of the parking garage at 28 Austin Street she struck MV2 while it was parked in a parking spot. The operator of MV1 was involved in a domestic during this accident with the operator of MV2. After striking MV2 the operator drove out of the parking garage to the NPD to report the incident. MV1 sustained minor damage to the driver side front head light. The operator of MV2 and the vehicle have not been found and spoken too in regards to the accident, unknown damage 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 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

KEVIN DONOVAN

NEWTON POLICE DEPART

09/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date