

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/27/2021	Time of Crash 19:51 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 1149 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000876		
License # --- St MA DOB/Age ---			Reg # 435PZ1 Reg Type PAN Reg State MA			2					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20			3					
Operator STEPHENS RYAN Last First Middle			Owner MOYLAN GAIL A Last First Middle			12					
Address 201 ADAMS AVE			Address 201 ADAMS AVE								
City WEST NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465								
Insurance Company FARMERS			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			5 11 Totaled					
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			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13					
Name (Last First Middle) Address			Age/DOB Sex			2					
Operator See Above			-----								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17					
<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # --- St DOB/Age ---			Reg # --- Reg Type UNKNOWN Reg State			20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year --- Veh Make UNKNOWN Veh Config. 20								
Operator --- Last First Middle			Owner --- Last First Middle								
Address ---			Address ---								
City --- State Zip			City --- State Zip								
Insurance Company			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage					
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Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13					
Name (Last First Middle) Address			Age/DOB Sex			2					
Operator/Non-Motorist See Above			-----								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

1155 Washington St.

MV#2    MV#1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N ↓

Crash Narrative:

MV#1 was parked, unoccupied, facing eastbound in the area of 1155 Washington St. The operator stated he observed a "light" colored Tesla (unknown registration) which was parked in front of MV#1, back into the vehicle before continuing eastbound onto Washington St. A very small scratch was observed below the passenger side headlight. Incident documented for insurance purposes.

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

DANIEL SOHN    NEWTON POLICE DEPT    10/27/2021

Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

CDP1 11 -24:00