

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/02/2021		Time of Crash 16:31 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 39 COMMONWEALTH AVE 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	4
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000891							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ENGLER OWEN Address 421 NEAL WAY City OAK BLUFF State MA Zip 02557 Insurance Company ESURANCE INSURANCE				Reg # 2EZB25 Reg Type PAN Reg State MA Veh Year 2013 Veh Make BMW Veh Config. 1 20 Owner ENGER WILLIAM Address 431 NEAL WAY City OAK BLUFF State MA Zip 02557 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved												13	2
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 checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator RAMANO ANTHONY Address 41A MISTY MEADOW LN City NORTH CHATHAM State MA Zip 02650 Insurance Company UNKNOWN				Reg # 33028H6 Reg Type PAN Reg State TX Veh Year 2014 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 99 22 22 22 22 2 Most Harmful Event 99 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
Please fill out for operator and all occupants involved												13	2
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:

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 was parked in front of 39 Commonwealth ave. Operator stated it was parked at approximately 1330hrs with no damage. Operator of MV1 stated that at approximately 1631 hours they noticed damage to the front driver side wheel well fender.

MV1 operator stated that a vehicle was parked in front of his vehicle with extensive damage. I witnessed red paint transfer, but not blue paint transfer on the gray vehicle parked in front of MV1.

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

KATELYN MARY POHLMAN

NEWTON POLICE DEPART

11/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date