

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/30/2021		Time of Crash 18:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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 18 CLAFLIN PL Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11 99	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000892							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # 2BCM36 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 20 Owner ALLYSON LINDSAY Address 18 (apt. 2) CLAFLIN PL City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 8								12	
Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA MUTUAL													
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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 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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____				Reg # UNKNOWN Reg Type PAN Reg State MA Veh Year UKNO Veh Make UNKNOWN Veh Config. 97 20 Owner _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 99 22 22 22 22 2 3 4 Most Harmful Event 99 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N 8								13	
Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____													
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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 →

Crash Diagram:

18 CLAFLIN PL

CLAFLIN PL

← N →

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

Crash Narrative:

Vehicle 1 was legally parked along the curb in front of 18 Claflin Pl.

The owner of Vehicle 1 stated she noticed the front driver side bumper was cracked and caved in on 10-31-21.

The damage was not there on 10-30-21 when the vehicle was parked there.

It appears due to Claflin Pl. being a dead end, a vehicle attempted a 3 point like turn and backed into Vehicle 1.

Vehicle 1 was unoccupied and did not need to be towed.

There is no information on the other involved vehicle.

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