

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 11/11/2021	Time of Crash 11:21 24HR	City/Town NEWTON	Number Vehicles 2	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			EAST 76 NEEDHAM 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# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street					
			Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000934			
License # --- St MA DOB/Age ---			Reg # 8R5974 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2017 Veh Make AUDI Veh Config. 1 20			
Operator WILLIS BRANDON STEPHEN			Owner (Same as operator)			Address			Address			
City NEWTON State MA Zip 02464			City State Zip			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			
Insurance Company GEICO			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			
Vehicle Travel Direction: N S E X Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled			
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			
Operator			See Above			1			4			
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 # 5HZ292 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2015 Veh Make AUDI Veh Config. 1 20			
Operator SPARROW ROSALIE			Owner (Same as operator)			Address			Address			
City NEEDHAM State MA Zip 02492			City State Zip			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			
Insurance Company GEICO			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			
Vehicle Travel Direction: N S E X Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled			
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			
Operator/Non-Motorist			See Above			1			4			

→ 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:

MV#1 was parked legally in a spot in the driveway of 76 Needham St. A large tractor trailer truck was parked in the parking lot. The truck driver (Safety Kleen Systems) waved to Operator #2 signaling it was safe for her to back up. Operator #2 then backed up into parked MV#1. MV#1 suffered minor damage to the back left and side. MV#2 suffered minor damage to the back left and side as well. The truck driver left the scene prior to my arrival. No injuries reported. Both vehicles were driven from the scene.

I spoke with an employee of Needham St Cleaners. She did not have any further information about the truck other than a corporate phone number for Safety Kleen Systems 800-669-5740 out of Texas. She did not witness the accident.

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

MEGHAN E MCLEAN	38801	NEWTON POLICE DEPART	11/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00