

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/15/2021	Time of Crash 14:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 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:				
Route# Direction Name of Roadway/Street At			EAST 916 WALNUT ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____			Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000943	
License # --- St MA DOB/Age ---			Reg # 7JX769 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Veh Year 2021 Veh Make VOLKSWAGON Veh Config. 2 20				
Operator STONE MELISSA LORI Last First Middle			Owner (Same as operator) Last First Middle			Address _____				
Address 57 GRASMERE RD			City NEEDHAM State MA Zip 02494			City _____ State _____ Zip _____				
Insurance Company GEICO			Vehicle Action Prior to Crash 1 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 12 24 24			Underride/Override 25 Towed N				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33				
Name (Last First Middle) Address			Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				
Operator See Above			-----			99 4 4 0 0 10 1				
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # --- St DOB/Age _____			Reg # 4XY887 Reg Type PAN Reg State MA			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2006 Veh Make JEEP Veh Config. 2 20				
Operator _____ Last First Middle			Owner GREENWOOD MARLANA Last First Middle			Address 11 PINE VALE RD				
Address _____			City WALTHAM State MA Zip 02451			City _____ State _____ Zip _____				
Insurance Company SAFETY			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 52 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 51 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33				
Name (Last First Middle) Address			Age/DOB Sex			Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				
Operator/Non-Motorist See Above			-----			-----				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Beacon St

Walnut St

916 Walnut St

MV#1

MV#2

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 MV#1 stated she was travelling forward out of her parking space and turned the steering wheel early and struck MV#2. MV#1 sustained moderate damages to its passenger side rear wheel area. There were no reported injuries tot he operator of MV#1.

MV#2 was unoccupied and parked directly next to MV#1. MV#2 sustained moderate damages to its driver's side front wheel area. The owner of MV#2 was informed and was provided with information related to this accident. The owner of MV#1 requested for her own towing service to assist her with her 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