

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/18/2021		Time of Crash 16:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				9 NORTH 978 BOYLSTON ST		Route# Direction Address # Name of Roadway/Street						2 10	
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 _____						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000952						3	
License # --- St MA DOB/Age ---				Reg # 6SB287 Reg Type PAN Reg State MA		Veh Year 2020 Veh Make CHEVY Veh Config. 1 20						7 12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Owner ACAR LEASING LTD		Address 4001 EMBARCADERO DR						7	
Operator TIFFT ELISSA L				City ARLINGTON State TX Zip 76014		Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)						13	
Address 5 HICKORY CLIFF RD				Event Sequence 22 22 22 22 22		Most Harmful Event 22 23						22	
City NEWTON State MA Zip 02464				Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y						1	
Insurance Company CITIZENS INS COMPANY OF AMERICA				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						5	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Please fill out for operator and all occupants involved						6 1	
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		Operator						13 22	
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # Reg Type Reg State						8 99	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20		Operator						8	
Address				City State Zip		Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)						8	
City State Zip				Event Sequence 22 22 22 22 22		Most Harmful Event 23						8	
Insurance Company				Driver Contributing Code 24 24		Underride/Override 25 Towed						8	
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						8	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved		Operator/Non-Motorist See Above						8	
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		Operator/Non-Motorist						8	

→ 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:

Based on observations, and statements made, the following occurred.

M/V#1 was parked in the north side of the parking lot of 978 Boylston St. facing northbound. The operator of M/V#1 attempted to put the vehicle in reverse, but somehow ended up in drive. M/V#1 lurched forward, mounting a small parking curb, and made contact with telephone pole #145/10, and became stuck in the mulch. There was no damage to the phone pole, and cosmetic damage to the M/V. Tody's responded and was able to pull the M/V out.

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