

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/24/2021		Time of Crash 08:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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				16 WEST 1321 WASHINGTON ST								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								10		
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000983			4	
License # --- St MA DOB/Age ---				Reg # 9FYS50		Reg Type PAN		Reg State MA		20			12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020		Veh Make CHEV		Veh Config. 2						
Operator MURPHY DONALD				Owner (Same as operator)		First Middle		Address						
Address 147 TURNER RD (apt. 91)				City		State MA Zip 02465		City		State Zip				
Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 22 22 22		Most Harmful Event 2 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed N		10 Undercarriage 5 11 Totaled		
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				See Above		-----		---		---		1 4 4 0 0 10 1		NONE
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 # 751VA4		Reg Type PAN		Reg State MA		20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2012		Veh Make FORD		Veh Config. 1						
Operator _____				Owner CITY OF NEWTON POLICE		First Middle		Address 1321 WASHINGTON STREET		City NEWTON		State MA Zip 02465		
Address _____				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
City _____ State _____ Zip _____				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		10 Undercarriage 5 11 Totaled		
Insurance Company _____				Vehicle Travel Direction: N X 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
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:

Operator of MV 1 and stated that when he pulled out of his parking space in the parking lot of 1321 Washington st, he accidentally sideswiped MV 2 which was parked next to him on his passenger side. There were no injuries due to this accident and neither vehicle was towed.

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

SEAN MCLEAN

NEWTON POLICE DEPART

11/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date