

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/24/2021	Time of Crash 12:44 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			WEST 33 AUSTIN 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# 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 2100000986	
License # --- St WA DOB/Age ---			Reg # JTH7958 Reg Type PAN Reg State PA			Veh Year 2021 Veh Make HYUNDAI Veh Config. 1 20			Operator ROSENBAUM KIM	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner HERTZ VEHICLES LI			Address 450 MCCLELLAN HWY			City SAMMAMISH State WA Zip 98075	
Address 21023 SE 28TH PL			City BOSTON State MA Zip 02128			Vehicle Action Prior to Crash 2 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) _____			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	
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 # 38RD15 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make ACURA Veh Config. 1 20			Operator HARGENS ANDREW	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner HARGENS ANDREW			Address 44 BALLARD ST			City NEWTON State MA Zip 02459	
Address _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22	
City _____ State _____ Zip _____			Most Harmful Event 1 23			Driver Contributing Code 22 24 24			Underride/Override 25 Towed N	
Insurance Company COMMERCE			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:

NOT TO SCALE

33austin st

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

ON 11-24-21 AT APPROX. 1244HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 33 AUSTIN ST. (STAR MARKET LOT) I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE PULLED INTO THE LOT AND STOPPED BECAUSE VEHICLE #2 WAS BACKING OUT OF A STALL. AS VEHICLE #2 GOT CLOSER THE DRIVER OF VEHICLE #1 BEEPED AND WAS THEN HIT IN THE FRONT RIGHT QTR. PANEL. AFTER CRASHING HE NOTICED THAT NO ONE WAS OPERATING VEHICLE #2. THE OWNER OF VEHICLE #2 HEARD THE CRASH BEHIND HIM AS HE WAS WALKING TOWARD STAR MARKET. WHEN THE OWNER NOTICED IT WAS HIS VEHICLE HE STOOD BY TO EXCHANGE INFORMATION. OWNER OF VEHICLE #2 STATED HE PARKED HIS CAR IN A STALL AND WALKED AWAY. HE STATED THE CAR IS 17 YEARS OLD AND THE EMERGENCY BRAKE MUST HAVE FAILED AND AS A RESULT HIS VEHICLE ROLLED BACKWARDS OUT OF THE STALL AND HIT VEHICLE #1. VEHICLE #1 HAD RIGHT FRONT QTR. PANEL DAMAGE. VEHICLE #2 HAD LEFT SIDE SCRAPES AND DENTS. BOTH PARTIES

(Continued on next page)

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

THOMAS P WALSH

NEWTON POLICE DEPT

11/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

