

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/17/2021		Time of Crash 15:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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				NORTH 2040 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						11	
1 1				3		Vehicle 1 1 #Occupants Hit/Run Moped Case Number 2100001059						4	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ARUMAINAYAGAM CHRISTINE Address 11 MACARTHUR RD City WELLESLEY State MA Zip 02482 Insurance Company HANOVER				Reg # 42KZ59 Reg Type PAN Reg State MA Veh Year 2018 Veh Make VOLVO Veh Config. 2 20 Owner ARUMAINAYAGAM CHRISTOPHER Address 11 MACARTHUR RD City WELLESLEY State MA Zip 02482 Vehicle Action Prior to Crash 3 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled						12	
5 1				6		Please fill out for operator and all occupants involved						13	
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 5 4 0 0 10 1 N/A								2	
7 1				8		Please Select One of the Following: Vehicle 2 0 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped							
License # --- St DOB/Age --- Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY				Reg # 1LML65 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 20 Owner GOLDSMITH RANDALL Address 23 DAVIS RD City ACTON State MA Zip 01720 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
8 1				9		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:

Shaws
2040 Commonwealth Ave

NOT TO SCALE

Indicate North by Arrow

Crash Narrative:

On 12/17/21 at approximately 1350 hours, I responded to a car accident in the Shaws Parking Lot.

MV1 stated that she was pulling out of her spot and cut the wheel too soon and had made contact with MV2.

MV2 was parked and unoccupied at the time of the accident.

MV2 had minor damage to the drivers front side and MV1 had damage on the passenger side left panel. No tows were needed. No injuries reported.

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

TIFFANY L HAMANN

NEWTON POLICE DEPART

12/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date