

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/01/2022	Time of Crash 18:29 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>15</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			16 NORTH 647 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000195			
License # _____ St MD DOB/Age _____			Reg # 8WX498		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make TOYT		Veh Config. 1 20			
Operator QUASNEY CHRISTINA Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 1207 HUTTON DR			City _____		State MD Zip 21061		City _____ State _____ Zip _____			
Insurance Company THE STANDARD FIRE INSURANCE			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 11 Totalled			
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 1 0 0 10 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 AR DOB/Age _____			Reg # 489YCM		Reg Type PAN		Reg State AR			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make TOYT		Veh Config. 1 20			
Operator CAMPBELL CHRISTOHPER Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 413 COMMERCE AVE			City _____		State AR Zip 72801-5934		City _____ State _____ Zip _____			
Insurance Company FARM BUREAU			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 11 Totalled			
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		-----		4 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian  
 ie: → 1    → 2    →

**Crash Diagram:**

647 WASHINGTON ST

NOT TO SCALE

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:**

MV 1 was backing out of a parking spot in the parking lot of Whole Foods (647 Washington St) when she rear ended the adjacent vehicle backing out of a parking spot. The operator of MV 1 stated she observed the adjacent vehicle and it was parked across from her. The operator of MV 1 further stated both vehicles backed out of their spots at the same time causing the accident. MV sustained damage to the trunk and shattered the entire rear window. The operator of MV 1 called a private tow due to the vehicle being unsafe to drive.

MV 2 was backing out of a parking spot when he struck MV 1. The operator of MV 2 stated he backed out of his spot the same time MV backed out causing the accident. MV 2 sustained minor damage if any at all to the rear.

There were no injuries to either party.

**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