

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/10/2022	Time of Crash 13:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
Route# Direction Name of Roadway/Street At			NORTH 324 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000212	
License # --- St MA DOB/Age ---			Reg # 1HHJ74 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make MINI Veh Config. 1 20	
Operator WESSINGER ZOE ELIZABETH			Owner (Same as operator)			Address _____				
Address 91 SEMONILE AVE			Address _____			City _____ State MA Zip 02451				
Insurance Company GARRISON PROPERTY AND CASUALTY			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled				
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			99 4 4 0 0 10 1				
GUZMAN, JOSE			9 WINTHROP TER FRAMINGHAM, MA 01702			M 3 99 4 4 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # 9SZ759 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 M 18 Lic. Restrictions I 19 CDL _____			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20	
Operator CARIAS JAYDEN			Owner CARIAS YESENIA			Address _____				
Address 303 NEWTONVILLE AVE			Address 303 NEWTONVILLE AVE			City NEWTON State MA Zip 02465				
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			8 7 6				
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			99 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walnut Street

Unit 2

Unit 1

324 Walnut St

Madison Ave

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 1 was backing into a parking spot in front of 324 Walnut Street when vehicle 2 tried to pass her but instead side sweeping vehicle # 1.

Minor damage for both vehicles.

No Injuries.

No tows.

No Citations.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MICHAEL D BOUDREAU

NEWTON POLICE DEPART

03/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date