

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/23/2022		Time of Crash 16:44 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 2014 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ 0 Feet [N][S][E][W] of NEWTON WELLESLEY HOSPITAL Landmark _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000243						2	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA MUTUAL INSURANCE				Reg # 2PWY89 Reg Type PAN Reg State MA Veh Year 2021 Veh Make FORD Veh Config. 2 20 Owner FULLAM ASHLEY Address 16 AURIGA ST City DORCHESTER State MA Zip 02122 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								12	
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved												2	
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 type="checkbox"/> Vehicle #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 _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 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/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 Vehicle 1 parked Vehicle 1 in the employee lot at Newton Wellesley Hospital. When she came back out to Vehicle 1, she observed damage to the passenger-side corner of the rear bumper with blue paint transfer. She does not know who caused the damage and security do not have cameras in the area.

An incident report was completed for this incident (See Report #22010401)

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