

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/23/2022		Time of Crash 20:19 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:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				WEST 697		WASHINGTON ST						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker Exit Number						11	
				Feet N S E W of		Route# Intersecting Roadway/Street						3	
				Feet N S E W of		Landmark							
3 1		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000244					
4 1		License # --- St MA DOB/Age ---		Reg # 2LKV95		Reg Type PAN		Reg State MA		12			
		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 2019		Veh Make TOYT		Veh Config. 1 20					
		Operator STACEY MICHAEL		Owner (Same as operator)									
		Address 18 SILVER LAKE AVE		Address									
		City NEWTON State MA Zip 02458		City State Zip									
5 2		Insurance Company USAA CASUALTY INS		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
		Vehicle Travel Direction: N S E X Responding to Emergency? N		Event Sequence 1 22 1 22 1 22 1 22		2 3 4		10 Undercarriage					
		Citation # (If Issued)		Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled					
6 1		Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 1 24									
		Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed N									
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 ----- --- 99 4 99 0 0 10 1													
7 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	
8 2		License # --- St MO DOB/Age ---		Reg # HYX2642		Reg Type PAS		Reg State NY		20			
		Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 2019		Veh Make BMW		Veh Config. 1 20					
		Operator ABEL JOSHUA		Owner (Same as operator)									
		Address 705 SUMMER OAK DR		Address									
		City BALLWIN State MO Zip 63021		City State Zip									
		Insurance Company GIECO INS		Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)							
		Vehicle Travel Direction: N X E W Responding to Emergency? N		Event Sequence 1 22 1 22 1 22 1 22		2 3 4		10 Undercarriage					
		Citation # (If Issued)		Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled					
		Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 4 24									
		Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed N									
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/Non-Motorist See Above ----- --- 99 4 99 0 0 10 1													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

WASHINGTON ST

WASHINGTON ST

PARKING LOT

MV#1

MV#2

MV#2

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 traveling Westbound on Washington St when he collided with MV#2 exiting the parking lot of Garden Remedies, 697 Washington St.

OPMV#1 Stated he was traveling straight on Washington and the other vehicle pulled out of the parking lot into his lane causing them to collide.

MV#2 Was exiting the parking lot of Garden Remedies at 697 Washington St when he was struck by MV#1.

OPMV#2 Stated he was being let go by the right Westbound lane and when he entered the left Westbound lane that is when he was struck by a vehicle.

No injuries/No tows

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

REID LARSON

NEWTON POLICE DEPART

03/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date