Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
03/25/2022	12:00 24HR	NEWTON	2	0	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1 — Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

9 2 — Route# EAST Direction 444 Address # WATERTOWN ST Name of Roadway/Street

10 2 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 99 — Feet N S E W of Landmark

3 — ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000250

4 1 — License # --- St MA DOB/Age -- -- ---- Reg # JDOAS Reg Type PAV Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2021 Veh Make ACURA Veh Config. 2 20

Operator WILLCOX (Last) JILL (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 73 ELMWOOD RD Address

City WELLESLEY State MA Zip 02481 City State Zip

Insurance Company GREEN MOUNTAIN INSURANCE Vehicle Action Prior to Crash 10 21

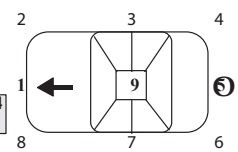
5 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

12 1

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	

13 1

7 9 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 1 — License # --- St MA DOB/Age -- -- ---- Reg # 7RP221 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2015 Veh Make NISSAN Veh Config. 1 20

Operator LERNER (Last) AVINOAM (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 79 ALDRICH ST Address

City ROSLINDALE State MA Zip 02131 City State Zip

Insurance Company COMMERCE Vehicle Action Prior to Crash 1 21

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

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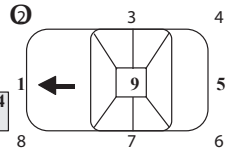

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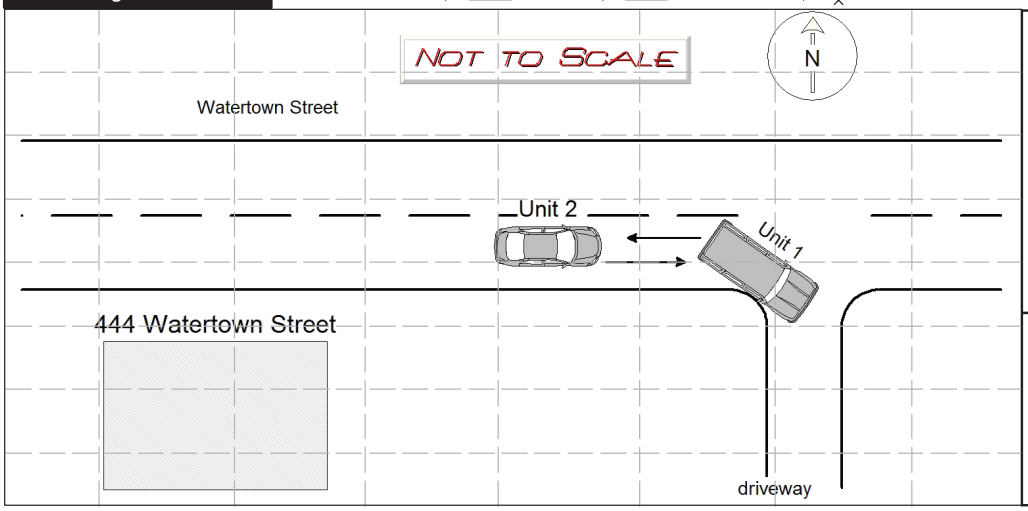
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	99	4	4	0		10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

The operator of Veh # 1 stated she had fully backed out of the driveway to 444 Watertown Street when she was rear ended by Vehicle #2.

The operator of Veh #2 stated Veh # 1 backed out of driveway into him. The damage to his car backs up this theory. He has a dash camera and is going to review footage.

No Injuries

Veh #2 got a private tow.

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 DEPARTM		03/25/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00