

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/20/2022	Time of Crash 18:46 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 404 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000324		
License # --- St MA DOB/Age ---			Reg # 2YKD69 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2021 Veh Make LEXUS Veh Config. 1 20		
Operator SMITH SAMEISHA			Owner TRUST TOYOTA LEASE			Address 61 KILMARNOCK ST			Address PO BO 105386		
City BOSTON State MA Zip 02215			City ATLANTA State GA Zip 30348			Insurance Company FOREMOST			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S X 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 1 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
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			Operator/Non-Motorist See Above		
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 # 2MZJ38 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2006 Veh Make DODGE Veh Config. 2 20		
Operator SIAN LOPEZ ARIEL			Owner (Same as operator)			Address 404 CALIFORNIA ST			Address		
City NEWTON State MA Zip 02464			City State Zip			Insurance Company FOREMOST			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E X 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 19 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

404 California St

Driveway

MV2

MV1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

← N →

Crash Narrative:

MV1 stated she stopped to let MV2 exit his driveway and as he did the rear of his truck made contact with the front of her vehicle causing minor scrapes.

MV2 stated he did not hit MV1 and any damage to his vehicle was old.

I did not observe any transfer paint to either vehicle (just the scrapes to MV1). No injuries reported and no tows required.

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