

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 04/26/2022		Time of Crash 14:50 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				NORTH 191 DEDHAM ST								2								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								10								
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								11								
1 1				3 Vehicle 1 0 #Occupants				Hit/Run				Moped				Case Number 22000360				4
License # _____ St _____ DOB/Age _____				Reg # 3HZIP14				Reg Type PAN				Reg State MA				12				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2018				Veh Make CHEVROLET				Veh Config. 1 20				3				
Operator _____				Owner GANE DAVID				Address 83 OAKDALE RD				City NEWTON State MA Zip _____				13				
Address _____				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)				Event Sequence 10 22 22 22 22 2				10 Undercarriage				
City _____ State _____ Zip _____				Most Harmful Event 10 23				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N				5 11 Totaled				
Insurance Company GOVERNMENT EMPLOYEES				Vehicle Travel Direction: N S X W Responding to Emergency? N				Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				6				
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				2								
Operator See Above																				
7 1				Please Select One of the Following: X Vehicle 2 1 #Occupants				Non-Motorist A Type 14 Action 15 Location 16 Condition 17				Hit/Run				Moped				13
License # --- St VA DOB/Age ---				Reg # UHD8629				Reg Type PAN				Reg State VA				20				
Sex F Lic. Class D 18 18 Lic. Restrictions C 19 CDL _____				Veh Year 2008				Veh Make MAZDA				Veh Config. 1 20				3				
Operator COOPER LAURA				Owner (Same as operator)				Address _____				City _____ State _____ Zip _____				13				
Address 814 W OCEAN VIEW AVE (apt. 14)				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)				Event Sequence 2 22 22 22 22 2				10 Undercarriage				
City NORFOLK State VA Zip 23503				Most Harmful Event 2 23				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N				5 11 Totaled				
Insurance Company LIBERTY MUTUAL				Vehicle Travel Direction: X S E W Responding to Emergency? N				Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				6				
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				2								
Operator/Non-Motorist See Above																10 1				

Crash Narrative:

MV2 was parked behind unoccupied MV1 facing Northbound, when MV2 attempted to pull out onto Dedham St. The front right bumper of MV2 struck the left rear of MV1. Minor damage to both vehicles. No injuries or tows.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOHN MILDNER			NEWTON POLICE DEPARTM		05/02/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					