Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
05/18/2022	09:35	NEWTON
	24HR	

Number Vehicles: 2
Number Injured: 0
Speed Limit: **15**
Latitude: _____
Longitude: _____

State Police ☐
Local Police ☒
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 _____

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Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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NORTH **845** WASHINGTON ST
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

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_____ Feet N S E W of _____ • _____ or _____
Mile Marker / Exit Number

_____ Feet N S E W of _____

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

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Landmark _____

3

☒ Vehicle 1 **0** # Occupants ☐ Hit/Run ☐ Moped Case Number **22000418**

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License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Endorsment
Operator _____ (Last / First / Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company **ALLSTATE INSURANCE COMPANY**

Reg # **1NTE16** Reg Type **PAN** Reg State **MA**
Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. [**1**] [20]
Owner **WILLIAMS** **ANDREW** **WAYNE** (Last / First / Middle)
Address **845 (apt. 406) WASHINGTON ST**
City **NEWTON** State **MA** Zip **02460**
Vehicle Action Prior to Crash [**11**] [21]
Damaged Area Code: (Circle Up to Three)

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Vehicle Travel Direction: [X] S E W Responding to Emergency? **N**
Citation # (If Issued) _____
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____

Event Sequence [**1**][22] [22] [22] [22]
Most Harmful Event [**1**][23]
Driver Contributing Code [**1**][24] [**1**][24]

Damaged area diagram: 2, 3, ④, 1, 9, ⑤ 10 Undercarriage, 11 Totaled, 8, 7, ⑥

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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	- - - - - - - -	- - -	- - -								

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

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License # **---** St **MA** DOB/Age **-- -- ----**
Sex **M** Lic. Class **D** [18] [18] Lic. Restrictions [**1**][19] CDL _____ Endorsment
Operator **BRUNO** **SEAMUS** **M** (Last / First / Middle)
Address **12 EDGEWOOD RD**
City **NEWTON** State **MA** Zip **02465**
Insurance Company **SAFETY INSURANCE COMPANY**

Reg # **7MLK30** Reg Type **PAN** Reg State **MA**
Veh Year **2020** Veh Make **JEEP** Veh Config. [**2**][20]
Owner **ACK SHORELINE TA** (Last / First / Middle)
Address **251/2 BARTLETT RD**
City **NEWTON** State **MA** Zip **02554**
Vehicle Action Prior to Crash [**10**][21]
Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: [X] S E W Responding to Emergency? **N**
Citation # (If Issued) _____
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____

Event Sequence [**2**][22] [22] [22] [22]
Most Harmful Event [**2**][23]
Driver Contributing Code [**97**][24] [24]
Underride/Override [25] Towed **N**

Damaged area diagram: 2, 3, 4, 1, 9, 5 10 Undercarriage, 11 Totaled, 8, 7, 6

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	- - - - - - - -	- - -	2	4	4	0	0	10	1		NONE

Crash Diagram:

845 Washington st

2

N

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 owner Vehicle #1 stated that he observed fresh damage to the rear of his vehicle. After viewing video he saw that it wa involved in a collision with a vehicle bearing MA Reg. 7MLK30 as it was backing out of a parking space.

I was able to contact the operator of Vehicle #2. He stated that as he was backing out of a parking space he sneezed and was not sure if he made contact with Vehicle #1. When he checked the vehicle, he stated that he did not observe any damage. He was informed of Mr. William's claims, and agreed to cooperate.

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]

DECLAN G HEALY   NEWTON POLICE DEPARTMT   **05/18/2022**

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

CDP1 11 ·24·00