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
05/23/2022	16:28 24HR	NEWTON	2	0	25	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

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

1 1 — Route# NORTH Direction LORING ST Name of Roadway/Street

At

Route# EAST Direction WARD ST Name of Intersecting Roadway/Street

Also at Intersection with

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

Route# Direction Address # Name of Roadway/Street

2 9 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

2 10 — Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 11 — 3

☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000440

4 1 — 1 12

License # --- St MA DOB/Age -- -- ---- Reg # 9EWC60 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2017 Veh Make BMW Veh Config. 1 20

Operator SCHWARTZ (Last) MARGARET (First) E (Middle) Owner SCHWARTZ (Last) JEFFREY (First) MICHAEL (Middle)

Address 40 HOBART LN Address 40 HOBART LN

City COHASSET, State MA Zip 02025 City COHASSET State MA Zip 02025

Insurance Company MAPFRE Vehicle Action Prior to Crash 10 21

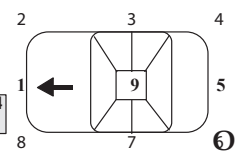
5 1 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 2 22 22 22 22

Citation # (If Issued)_____ Most Harmful Event 2 23

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____ Driver Contributing Code 19 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

2 13

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	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

7 3 — Please Select One of the Following: ☒ Vehicle 2 0 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 1 — 1

License # _____ St _____ DOB/Age _____ Reg # JZG5918 Reg Type PAN Reg State PA

Sex____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20

Operator _____ (Last First Middle) Owner FREISLEBEN (Last) MARIE (First) CAROL (Middle)

Address _____ Address 54 (apt. 3) LONGSDALE ST

City _____ State_____ Zip _____ City DORCHESTER State MA Zip 02124

Insurance Company STATE FARM Vehicle Action Prior to Crash 11 21

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 2 22 22 22 22

Citation # (If Issued)_____ Most Harmful Event 2 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

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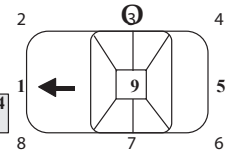

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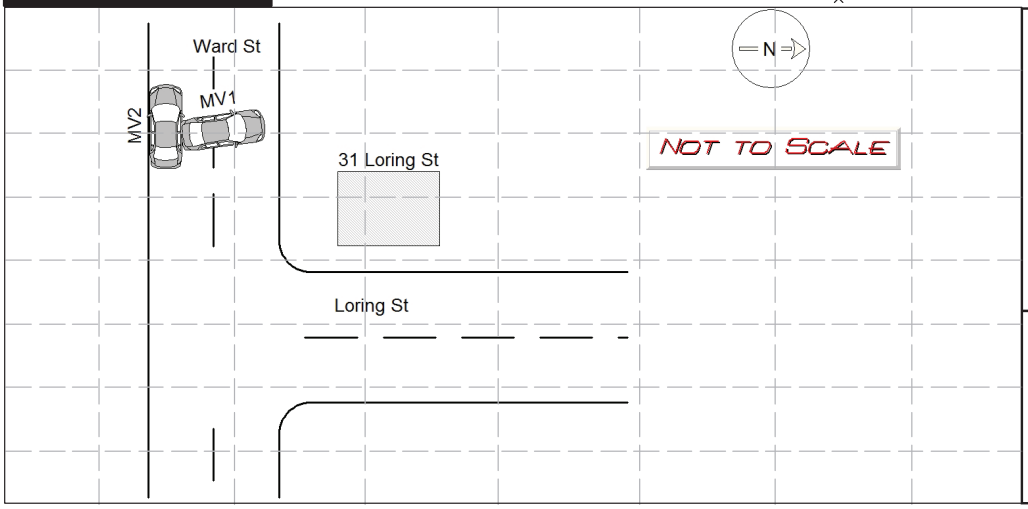
Crash Diagram:

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:

On May 23, 2022 at approximately 16:28 hours I responded to the area of Ward St at Loring St for a two car motor vehicle crash.

Upon arrival, all parties were on scene and out of their vehicles. It was determined that MV1 was backing out of the driveway of 31 Loring St, which is on Ward St and backed into MV2, which was parked facing westbound in the eastbound lane. There was visible damage on MV1's Rear Passenger side bumper and visible damage on MV2's passenger side. It should be noted that the passenger side mirror had existing damage prior to the crash.

I spoke with the owner of MV2, who was aware of the crash and I advised her that her vehicle was parked facing the wrong direction. I informed the involved both parties that a crash report would be on file and

(Continued on next page)

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]

CHARLES P GUARINO		38802	NEWTON POLICE DEPARTM		05/23/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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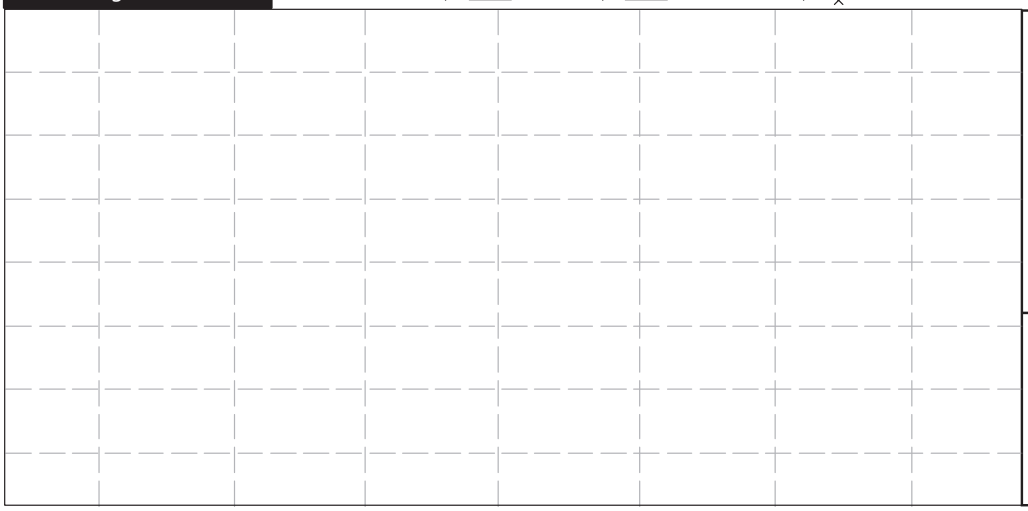

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