

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 07/07/2022		Time of Crash 12:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				
SOUTH LOS ANGELES ST												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ or _____												
EAST CALIFORNIA ST																
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number												
Also at Intersection with				Feet N S E W of _____								11				
				Route# Intersecting Roadway/Street								99				
Route# Direction Name of Intersecting Roadway/Street				Landmark												
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000609										
License # _____ St _____ DOB/Age _____				Reg # 3VPD14				Reg Type PAN		Reg State MA						
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2009				Veh Make TOYOTA		Veh Config. 1 20						
Operator _____				Owner FAULLER BENJAMIN								12				
Address _____				Address 3 FOREST RD												
City _____ State _____ Zip _____				City BURLINGTON				State MA		Zip 01803						
Insurance Company GOVERNMENT EMPLOYEES				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6								
Please fill out for operator and all occupants involved												13				
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				-----		---	---									
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
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Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____				Veh Make _____		Veh Config. 20						
Operator _____				Owner _____												
Address _____				Address _____												
City _____ State _____ Zip _____				City _____				State _____		Zip _____						
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)								
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Operator/Non-Motorist See Above				-----		---	---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

California St.

Los Angeles St.

P.O.I.

MV1

NOT TO SCALE

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 of MV1 stated that some time between 8am and 12pm his vehicle was struck while parked on Los Angeles St. causing damage to the rear driver side of the vehicle.

No tow required & canvass of the area was conducted yielding negative results.

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