

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/08/2022		Time of Crash 18:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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				EAST 19 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street													11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000612			4	
License # --- St RI DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator IRELAND KWAME K Address 388 PINE STREET City PROVIDENCE State RI Zip 02903 Insurance Company UNINSURED Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T2014960 Violation 1: Ch 90/9 Sec Violation 2: Ch 90/34 Sec Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Reg # 1GR369 Reg Type PAN Reg State RI Veh Year 2003 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 10 Undercarriage Most Harmful Event 2 24 24 5 11 Totaled Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								12		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility Operator See Above ----- --- --- 1 4 4 0 0 10 1								13		
7				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		2
8				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator ROGERS SEAN C Address 64 BECKET RD City BELMONT State MA Zip 02478 Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Reg # 423LT4 Reg Type PAN Reg State MA Veh Year 2011 Veh Make SUBA Veh Config. 1 20 Owner ROGERS ASHLEY FALLON Address 64 BECKET RD City BELMONT State MA Zip 02478 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 23 10 Undercarriage Most Harmful Event 1 24 19 24 5 11 Totaled Driver Contributing Code 1 24 19 24 Underride/Override 25 Towed N										
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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 operator of MV1 stated he was traveling eastbound on Commonwealth Ave. while attempting to pull off to the road due to a flat tire on the drivers rear side, he struck the door of MV2 when the operator opened the door.

The operator of MV2 stated he was parked, went to exit his vehicle and after opening the door MV1 struck the drivers side door to his vehicle.

The damage that MV1 had was minor damage to the passenger side mirror.

The damage MV2 had significant damage to the drivers door, causing it to not close.

All parties stated they were not injured.

MV1 was towed by Tody's due to a suspended registration.

**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