

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/10/2022		Time of Crash 20:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 10 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:																																																																						
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 797 BEACON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company GEICO</div>						<div>712</div> <div>Reg # 4ENM99 Reg Type PAN Reg State MA</div> <div>Veh Year 2022 Veh Make PORSCHE Veh Config. 2 20</div> <div>Owner GOULD NANCY</div> <div>Address 84 GORDON RD</div> <div>City NEWTON State MA Zip 02468</div> <div>Vehicle Action Prior to Crash 11 21</div> <div>Event Sequence 2 22 22 22 22</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 24 24</div> <div>Underride/Override 25 Towed N</div> <div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>6</div></div>																																																																						
<div>5</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																												
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

797 Beacon St, Newton Centre Lot

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:

MV#1 was parked in the parking lot at 797 Beacon St. Operator of MV#1 stated that her and her husband parked the car in the lot earlier in the day to go and get dinner. She stated that when she returned to her car at approximately 2015 hrs, she observed a large scratch to the drivers side rear of her vehicle. She stated that there was no information left on her vehicle about who hit her. I advised her that I would document the incident in a crash report, and she was satisfied.

No injuries occurred.

The vehicle was driven home.

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