

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 07/20/2022		Time of Crash 19:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:																																																																						
<div>11</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 31 WEBSTER</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>200FT Feet N S E W of CHERRY STREET</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																																																																						
						<div>210</div> <div></div>																																																																						
						<div>114</div> <div></div>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment</div> <div>Operator KABOYO EDITH</div> <div>Address 147 NORTH STREET (apt. B)</div> <div>City NEWTON State MA Zip 02460</div> <div>Insurance Company GOVERNMENT EMPLOYEES</div>						<div>112</div> <div>Reg # 2JTT69 Reg Type PAN Reg State MA</div> <div>Veh Year 1999 Veh Make TOYOTA Veh Config. 1 20</div> <div>Owner SAYUNI CATHY</div> <div>Address 147 (apt. B) NORTH ST</div> <div>City NEWTON State MA Zip 02460</div> <div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22 2 23 1 24 24 25 Towed N</div> <div>Most Harmful Event</div> <div>Driver Contributing Code</div> <div>Underride/Override</div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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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:**

MV1 was traveling eastbound on Webster Street when it collided with unoccupied parked MV2. MV1 sustained damage to the front passenger side fender. MV2 sustained damage to the drivers side ranging from the rear of the vehicle to the front. No injuries were reported. MV1 was still operable. Owner of MV2 responded to headquarters after the incident and confirmed her information. MV1 operator showed us her valid driver's license from Uganda. Ms. Kaboyo was advised to obtain a MA driver's license.

**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

CHRISTOPHER J MATTHEWS

NEWTON POLICE DEPART

07/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date