

Police Use Only						Commonwealth of Massachusetts								RMV Document Number			
Date of Crash 01/05/2019	Time of Crash 15:56 24HR		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:							
																2	9
Route# Direction Name of Roadway/Street At						EAST 647 WASHINGTON ST Route# Direction Address # Name of Roadway/Street										2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										2	11
Route# Direction Name of Intersecting Roadway/Street						Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000024								
License # --- St FL DOB/Age ---						Reg # 7MR858 Reg Type PAN Reg State MA										7	12
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2017 Veh Make HONDA Veh Config. 2 20											
Operator MAHENDRA-RAJAH REVATHY Last First Middle						Owner MAHENDRA-RAJAH PRASHANTH Last First Middle											
Address 121 BELLEVUE ST						Address 212 BELLEVUE ST											
City NEWTON State MA Zip 02458						City NEWTON State MA Zip 02458											
Insurance Company AMICA						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 2 22 22 22 22 22 ② 3 4						10 Undercarriage					
Citation # (If Issued)						Most Harmful Event 2 23						5 11 Totalled					
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											
Please fill out for operator and all occupants involved														2	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																	
Operator See Above						----- - - - 0 4 4 0 0 5 1											
Please Select One of the Following:														2	13		
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants						<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17						<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St MA DOB/Age ---						Reg # 9HS595 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2008 Veh Make HONDA Veh Config. 2 20											
Operator BROWN ELIZABETH Last First Middle						Owner HONDA LEASE TRU! Last First Middle											
Address 250 HAMMOND POND PRKWAY (apt. 615)						Address 600 KELLY WAY											
City NEWTON State MA Zip 02467						City HOLYOKE State MA Zip 01040											
Insurance Company GEICO						Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 2 22 22 22 22 22 ② 3 4						10 Undercarriage					
Citation # (If Issued)						Most Harmful Event 2 23						5 11 Totalled					
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 19 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N											
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/Non-Motorist See Above						----- - - - 1 4 4 0 0 1 1											

→ 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:

Vehicle 1 was parked in marked lanes parking spot and shopping in Whole foods. Witness stated they saw vehicle 2 hit vehicle 1 causing damage. Vehicle 2 took off without exchanging paperwork. Witness stood by vehicle 1 till owner came out and stated their vehicle got hit.

I attempted to contact vehicle 2 owner with negative results.

On 1/07/2019 I made contact with owner of vehicle 2. Stated that she tapped vehicle 1 and then went to park her car in a designated parking spot to exchange paperwork when she then realized vehicle 1 had already left.

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