

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/08/2019 Time of Crash 21:51 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

EAST 706 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 1 Occupants Hit/Run Moped Case Number 190000031

License # --- St MA DOB/Age --- Reg # 6HH417 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator YUEN KIT Address 78 BOYLSTON STREET (apt. 2) City CHESTNUT HILL State MA Zip 02467

Reg # 6HH417 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 2 20 Owner HONDA LEASE TRU! Address 600 KELLY WAY City HOLYOKE State MA Zip 01040

Insurance Company METROPOLITAN PROP Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_

Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N

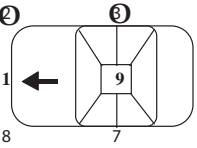


Table with columns: Name (Last First Middle), Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 99, 0, 0, 5, 1, ---

Please Select One of the Following: X Vehicle 2 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # --- St XX DOB/Age --- Reg # --- Reg Type UNKNOWN Reg State XX Sex F Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL Endorsment Operator UNKNOWN UNKNOWN Address UNK UNK (apt. UNK) City UNK State XX Zip UNK

Reg # --- Reg Type UNKNOWN Reg State XX Veh Year UNK Veh Make UNKNOWN Veh Config. 1 20 Owner (Same as operator) Address --- City --- State --- Zip ---

Insurance Company UNKNOWN Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Violation 1: Ch \_\_\_ Sec \_\_\_ Violation 2: Ch \_\_\_ Sec \_\_\_ Violation 3: Ch \_\_\_ Sec \_\_\_ Violation 4: Ch \_\_\_ Sec \_\_\_

Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N

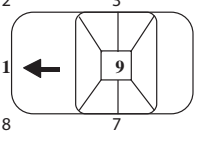


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→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    → Pedestrian

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:**

Motor vehicle 1 (MV1) was traveling eastbound on Beacon Street, when unknown motor vehicle 2 (MV2) pulled out from a parking space in front of 706 Beacon Street, without signaling, and crashed into the front passengers side of MV1. MV1 pulled over to the side of the road to exchange information as MV2 fled the scene eastbound on Beacon Street. The operator of MV1 stated that MV2 appeared to be an older model sedan, possible maroon or red in color, and was operated by a white female in her 60's. MV1 sustained significant front end and passengers side damage. MV2 likely sustained significant front drivers side damage. I was unable to check the surrounding businesses for possible security footage of the crash as all of the surrounding stores were closed when I arrived on scene.

**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

ALEXANDER COLETTI

28070

NEWTON POLICE DEPART

01/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date