

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/20/2019		Time of Crash 01:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 282 WATERTOWN ST 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	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000076						4	
License # _____ St MA DOB/Age _____				Reg # 5BT449 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008 Veh Make HONDA Veh Config. 1 20								3	
Operator SILVA JORDANA Last First Middle				Owner BORGES FOUNDATI Last First Middle								1	
Address 21 RILEY ROAD				Address 57 WAVERLY STREET									
City HYDE PARK State MA Zip 02136				City BRIGHTON State MA Zip 02135									
Insurance Company SAFETY				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 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 2 23									
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												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												2	
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved												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												2	
Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

P.O.I.

WATERTOWN STREET

282

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:

On 01/20/2019, while assigned to N492, I, Officer Conary, responded to 282 Watertown Street, for a report of a past hit and run. Upon arrival, I was met by SILVA, Jordana, who explained to me that the car was parked out front at approximately 2130 hours and when she went outside she saw the damage to the left side. MV1 was parked westbound on Watertown Street on the side of the road. There was damage to the left front side panel. The car was not towed at this time but SILVA was advised to call if needed. No further incident to report at this time.

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