

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2019	Time of Crash 14:25 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:					
CURTIS ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____					Mile Marker Exit Number		
WEST WINCHESTER ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Landmark		
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000096			
License # --- St MA DOB/Age ---			Reg # F1178		Reg Type PAR		Reg State MA			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make TOYOTA		Veh Config. 1 20			
Operator MACNEVIN MATTHEW E			Owner (Same as operator)							
Address 447 HILLSIDE AVE			Address							
City NEEDHAM State MA Zip 02492			City		State		Zip			
Insurance Company METROPOLITAN PROPERTY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
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 Y							
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 See Above			-----		1 4 99 0 0 5 1					
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 _____			Owner							
Address			Address							
City _____ State _____ Zip _____			City		State		Zip			
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
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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 99 0 0 5 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Wade St
Boylston St
Winchester St
Curtis St

Unit 2
Unit 2
Unit 2

NOT TO SCALE

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 01/22/19 at approximately 14:25 I responded to Winchester St near Curtis St. for a report of a hit and run accident. Upon arrival I spoke with the operator of veh #1 who stated he was driving due West bound on Winchester St when a truck (White 3/4 Ton Pick up with plow in front and sander in back) turned left onto Winchester St from Boylston St. Veh #2 caught his plow on the drivers side rear passenger door and rear quarter panel of veh #1. The crash pushed veh #1 into the opposite lane for a moment until he could turn back onto his side. The operator of veh #2 pulled over and got out and said "you didn't see me?" and got back into his truck and took off down Winchester St West bound. The operator of veh #2 is described as a Hispanic male 18-25yrs old, 5-8'-5'11", lean build, clean shaven, yellow jacket with black hair. No license plate was ever obtained. Veh #1 was towed by Todys Towing and owner of veh #1 was given a ride home to Needham.

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

ZACHARY S RAYMOND

NEWTON POLICE DEPART

01/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date