

Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 01/25/2019	Time of Crash 13:35 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:			
AT INTERSECTION:			<	LOCATION			>	NOT AT INTERSECTION:							
											2 9				
Route# Direction Name of Roadway/Street			EAST 74 BOWERS ST								2 10				
At			Route# Direction Address # Name of Roadway/Street												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number												
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000107									
License # --- St ME DOB/Age ---			Reg # 198WS Reg Type PAS Reg State ME									12			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2010 Veh Make SUBARU Veh Config. 1 20									1			
Operator JUSKIEWICZ JAMIE Last First Middle			Owner JUSKIEWICZ MATTHEW Last First Middle												
Address 4 SADDLE LANE			Address 4 SADDLE LANE												
City GORHAM State ME Zip 04038			City GORHAM State ME Zip 04038												
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			10 Undercarriage 11 Totaled									
Citation # (If Issued)			Most Harmful Event 1 23			Driver Contributing Code 1 24 24 Underride/Override 25 Towed N ⑥									
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec												
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													1		
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 ---									20			
Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment			Veh Year --- Veh Make --- Veh Config. ---												
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)												
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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															

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

bowers street

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 Friday 01/25/2019 at appx. 1:30 PM while on patrol in N 491 I was dispatched to 74 Bowers St for a report of a past hit and run. On arrival I spoke to Jamie Juskiewicz who stated she parked her vehicle legally around 11:30 AM. When she came back to her vehicle around 1:30 PM she realized that an unknown person struck her vehicle causing moderate damage to the drivers side and bumper. I did not observe any surveillance cameras and there were no witnesses. The other operator did not leave a note.

**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