

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/27/2019		Time of Crash 11:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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 _____				NORTH 136 ADAMS ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____						2				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____		____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____						10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N S E W] of _____ OLIVIAS BISTRO		Landmark _____						11				
3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000113					4			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company QUINCY MUTUAL				Reg # 496ZDP Reg Type PAN Reg State MA Veh Year 2011 Veh Make LEXUS Veh Config. [1] [20] Owner BALDER JOHN Address 23 OTIS ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed Y 8 6								12				
5				Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ 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				
6				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 - - - - -				2				
7				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												
8				License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State [20] Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22] [22] [22] [22] 2 3 4 Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed _____ 8 7 6								
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				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:

136 ADAMS ST

Unit 1

NOT TO SCALE

← N →

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 1-27-19 AT APPROX. 1124HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE HIT AND RUN. UPON ARRIVAL AT 23 OTIS ST. I TALKED TO THE OWNER OF VEHICLE #1. OWNER STATES ON 1-26-19 SOMETIME BETWEEN 1930-2100HRS. WHILE HE WAS HAVING DINNER AT 136 ADAMS ST. (OLIVIAS BISTRO) SOMEONE SIDESWIPE HIS MOTOR VEHICLE WHILE IT WAS PARKED ON ADAMS ST.. OWNER SHOWED ME HIS VEHICLE WHICH HAD THE LEFT REAR VIEW MIRROR KNOCKED OFF AND SCRAPES ALONG THE LET SIDE. COMP. REPORTED NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY.

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

THOMAS P WALSH

NEWTON POLICE DEPART

01/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date