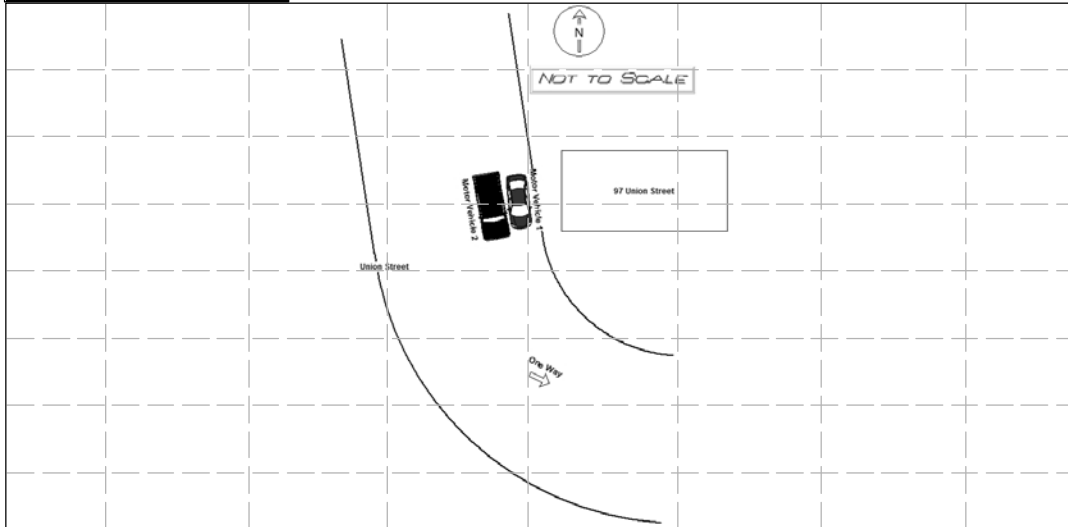


Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 02/01/2019	Time of Crash 01:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:			<	LOCATION			>	NOT AT INTERSECTION:							
											2				
Route# Direction Name of Roadway/Street			SOUTH 97 UNION ST								10				
At			Route# Direction Address # Name of Roadway/Street								2				
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			Landmark								4				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000128								
License # St DOB/Age			Reg # SNGP30			Reg Type PAN			Reg State MA						
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2010			Veh Make NISSAN			Veh Config. 1 20						
Operator Last First Middle			Owner PALESTRO RITA			Last First Middle						12			
Address			Address 63 WOODSIDE AVE									1			
City State Zip			City WELLESLEY			State MA Zip 02482									
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Diagram			10 Undercarriage 11 Totalled			
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			-----			---									
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			
License # St DOB/Age			Reg # UNK			Reg Type UNK			Reg State XX						
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year UNK			Veh Make UNK			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 1 21			Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Diagram			10 Undercarriage 11 Totalled			
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:



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 parked facing southeast in front of 97 Union Street, when unknown motor vehicle 2 (MV2), sideswiped MV1 and then left the area. As a result of the crash, the passengers side, side view mirror was ripped of MV1. MV2 likely sustained minor drivers side damage. The reporting party, Gianfranco Palestro, heard the collision and believes that MV2 was a dark colored SUV, but was unable to get a license plate number. I was unable to check if any of the local businesses had security cameras that may have captured the crash as they were all closed for the night.

### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PALESTRO, GIANTIANCO,	63 WOODSIDE AVE WELLESLEY, MA 02482	-----	N

### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42