

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/22/2019	Time of Crash 12:07 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 81 UNION ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000210		
License # --- St MA DOB/Age ---			Reg # 9FRM90 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make NISSAN Veh Config. 20		
Operator SONES ALLISON M			Owner (Same as operator)			Address			12 1		
Address 55 THURSTON RD			Address			City NEWTON UPPER FALLS State MA Zip 02464			City State Zip		
Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S X W Responding to Emergency?			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			10 Undercarriage			11 Totaled			13 1		
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					
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			COOK, LANA 55 THURSTON ROAD NEWTON, MA 02464			WIENER, ARIANNA 55 THURSTAN ST NEWTON, MA 02464					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # 6MRE90 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make SUBARU Veh Config. 2 20		
Operator SUPANISANUWONC SUNTORN			Owner (Same as operator)			Address			City ARLINGTON State MA Zip 02476		
Address 15 HOBBS CT			Address			City State Zip			Vehicle Action Prior to Crash 1 21		
Insurance Company PLYMOUTH ROCK			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23		
Vehicle Travel Direction: N S X W Responding to Emergency?			Driver Contributing Code 9 24 24			Underride/Override 25 Towed N			10 Undercarriage		
Citation # (If Issued) T1441482			Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			11 Totaled		
Please fill out for operator and all occupants involved			Operator/Non-Motorist See Above			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			99 99 4 0 0 5 1					

→ 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:

Oper of veh # 1 and both occupants state that veh # 1 was pulled over to the side of Union Street (public way in city of Newton) waiting as someone was pulling out of a street parking spot when it was hit by veh # 2 who was traveling EB on Union Street. All occupants of the vehicle felt the collision which caused minor damage. They stated the blue Subaru kept going but went around the block and stopped near vehicle to see if there was damage to MV #1, When Oper 2 realized they were taking picture of his vehicle he fled the area without talking to anyone involved. They described Oper #2 as an Asian male, Veh # 2 was registered to an Asian male.

Tried contacting owner of veh 2 however listed number was invalid.

Citation mailed to Oper # 2 for leaving the scene of property damage.

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