

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/27/2019		Time of Crash 14:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At						SOUTH 115 ELM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000235											
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator KULARSKI AMY Address 114 MECHANIC ST City FITCHBURG State MA Zip 01420 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N X 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 # 6HA712 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Owner RAMOS IVAN Address 114 MECHANIC ST City FITCHBURG State MA Zip 01420 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 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 --- 1 4 99 0 0 5 1											
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # --- St --- DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL Operator UNKNOWN UNKNOWN Address UNKN City --- State --- Zip 00000 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: N X 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 # 9RM445 Reg Type PAN Reg State MA Veh Year 2018 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address City --- State --- Zip --- Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N 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 --- 99 4 99 0 0 99 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Washington St

Elm St

MV#1

MV#2

N

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 3/4/19 at approximately 1630hrs, I responded to the front desk for a report of a past hit and run. Operator#1 stated she was involved in an an accident on 2/27/19 at 1436hrs in front of Mango Thai, 115 Elm St. Operator #1 stated she was stopped waiting for the red light at Elm St and Washington when a "new black or gray SUV" pulled out of a parking spot the right of her. The other vehicle sideswiped her passenger side causing a large scratch. Operator #1i stated she honked and attempted to stop the vehicle but the driver pulled away. Operator #1 was only able to identify the driver as a male but did provide me with a plate of MA Reg 9RM445. The plate comes back leased to a 2018 Gray Jeep Compass registered to a Matthew Veteto. I was unable to find any phone number for Veteto. Operator#1 has already filed a claim with her insurance company who advised her she would need a police report. Due to being unable to verify who was driving, a citation

(Continued on next page)

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 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

→ 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:

was not issued.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

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Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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