

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 03/09/2019	Time of Crash 01:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 3	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 135 WINCHESTER 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										4 11												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000253																
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Operator YOON CONNIE Address 20 FOX MEADOW LANE City WAYLAND State MA Zip 01778 Insurance Company METROPOLITAN 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 # 812LW7 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 2 20 Owner YOON CALVIN Address 20 FOX MEADOW LANE City WAYLAND State MA Zip 01778 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totalled										1 12					
Please fill out for operator and all occupants involved										26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Name (Last First Middle) Address Age/DOB Sex 0 4 4 0 0 5 1 Medical Facility										13					
Operator See Above										NONE										2					
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 DOB/Age --- Sex --- Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL Operator UNKNOWN UNKNOWN Address City State Zip Insurance Company UNKNOWN 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 # --- Reg Type UNKNOWN Reg State XX Veh Year UNK Veh Make UNKNOWN Veh Config. 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totalled										13					
Please fill out for operator and all occupants involved										26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Name (Last First Middle) Address Age/DOB Sex 99 99 99 0 0 99 1 Medical Facility										13					
Operator/Non-Motorist See Above										NONE										2					

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AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Exit Number Mile Marker													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street Landmark													
Vehicle 3 Occupants				Hit/Run		Moped		Case Number 1900000253									
License # --- St MA DOB/Age ---				Reg # 5TL864 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment				Veh Year 2013 Veh Make BMW Veh Config. 1 20													
Operator GRADY TIMOTHY Last First Middle				Owner (Same as operator) Last First Middle													
Address 186 ELMWOOD RD				Address													
City NEEDHAM State MA Zip 02492				City State Zip													
Insurance Company LIBERTY MUTUAL INS				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 22 23 24 24 25 Towed N				10 Undercarriage 11 Totaled									
Citation # (If Issued)				Driver Contributing Code 99 24 24 Underride/Override 25													
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator See Above				1 4 0 5 1													
Please Select One of the Following:				Vehicle Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped													
License # --- St DOB/Age ---				Reg # --- Reg Type --- Reg State ---													
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year --- Veh Make --- 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 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 23 24 24 25 Towed ---				10 Undercarriage 11 Totaled									
Citation # (If Issued)				Driver Contributing Code 24 24 Underride/Override 25													
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																	
Operator/Non-Motorist See Above				--- --- ---													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Winchester St

135 Winchester St

Unit 1

Unit 2

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:

Operator of MV1 states she parked her vehicle on the street in front of 135 Winchester Street at approximately 8:00pm and when she came out to her vehicle at 1:28am there was damage to the front left fender and tire. No witnesses to the accident. MV1 was disabled due to the damage and towed by Tody's.

UPDATE: On 03/10/2019, Timothy Grady came to the Newton Police Station to report he hit a vehicle on Winchester Street. He stated he thought he hit snow, but with the damage on the front right he realized he hit another vehicle and wanted to report it. Grady's statements (date, time, and location) matched with this hit and run. Grady was advised of the process.

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