

Police Use Only						Commonwealth of Massachusetts								RMV Document Number				
Date of Crash 03/25/2019	Time of Crash 17:45 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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 At						WEST 115 FLORENCE ST						Route# Direction Address # Name of Roadway/Street						10
						Feet N S E W of Mile Marker Exit Number												2
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						20 Feet N S X W of LOUISE RD						Route# Intersecting Roadway/Street						11
						Feet N S E W of Landmark												3
Route# Direction Name of Intersecting Roadway/Street																		
<input checked="" type="checkbox"/> Vehicle 1 _1_ #Occupants						<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000316								
License # --- St MA DOB/Age ---						Reg # 5TKF30 Reg Type PAN Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2017 Veh Make HOND Veh Config. 1 20												
Operator REYES SABRYNA M Last First Middle						Owner HONDA LEASE TRUST Last First Middle												12
Address 223 HUNTINGTON AVE						Address 600 KELLY WAY												1
City HYDE PARK State MA Zip 02136						City HOLYOKE State MA Zip 01040												
Insurance Company SAFETY						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: N S X W Responding to Emergency?						Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y						Diagram of vehicle damage showing undercarriage impact.						
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
Name (Last First Middle) Operator See Above						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						1						
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																		
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Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment						Veh Year UNK Veh Make HONDA Veh Config. 1 20												
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→ 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:**

On Monday March 25th, 2019 I responded to a hit and run motor vehicle accident at 115 Florence St near Louise Rd. Vehicle # 1 (Mass Reg #5TFK30 Honda Pilot operated by Sabryna Reyes) was traveling east on Florence St headed toward Route 9. According to Sabryna, Vehicle # 2 was taking a left hand turn onto Florence St from Louise Rd. Vehicle # 2 made contact with the left side of the vehicle of vehicle # 1. Vehicle # 2 drove away without staying on scene. Sabryna was unable to get a license plate of the vehicle driving away. There were no witnesses to the accident and no video cameras in the area. Sabryna described vehicle # 2 as a black honda CRV with white male passenger operator approximately in his 30s. There were no injuries and Sabryna signed a patient refusal. Newton Fire responded because of the airbag deployment. Vehicle # 1 suffered minor damage to the left front side of the vehicle. Vehicle # 1 was towed by AAA Towing.

**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

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