

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/26/2019		Time of Crash 09:50 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 1950 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
1				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000319	
License # _____ St MA DOB/Age _____				Reg # 8PJX50 Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make KIA Veh Config. 1 20								13	
Operator MARCIL JONATHAN Last First Middle				Owner HYUNDAI LEASE ITI TRUST Last First Middle								14	
Address 33 GOULD ST.				Address 3161 MICHELSON DR								15	
City W. ROXBURY State MA Zip 02132				City E State CA Zip 92612								16	
Insurance Company GENERAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								17	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____				Event Sequence 20 22 22 22 22 20 23 1 24 24 25 Towed Y				10 Undercarriage 5 11 Totaled				18	
Citation # (If Issued) _____												19	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												20	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												21	
Please fill out for operator and all occupants involved												22	
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												23	
Operator See Above												24	
												25	
												26	
												27	
												28	
												29	
												30	
												31	
												32	
												33	
												34	
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												35	
License # _____ St MA DOB/Age _____				Reg # 76439 Reg Type PAR Reg State MA								36	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make HONDA Veh Config. 1 20								37	
Operator TEMPLE MARJORIE Last First Middle				Owner (Same as operator) Last First Middle								38	
Address 300 SOUTH ST.				Address _____								39	
City MEDFIELD State MA Zip 02052				City _____ State _____ Zip _____								40	
Insurance Company AMICA				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)								41	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____				Event Sequence 99 22 22 22 22 99 23 1 24 24 25 Towed Y				10 Undercarriage 5 11 Totaled				42	
Citation # (If Issued) _____												43	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												44	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												45	
Please fill out for operator and all occupants involved												46	
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												47	
Operator/Non-Motorist See Above												48	
												49	
												50	
												51	
												52	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

woodland t stop

Unit 2

Unit 1

1950 washington st

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 3-26-19 AT APPROX. 0950HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1540 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WASHINGTON. HE STATES VEHICLE #2 WAS DRIVEN BY AN ELDERLY FEMALE WHO SUDDENLY VEERED RIGHT AND CUT HIM OFF OF HIS LANE FORCING HIM TO GO UP ON THE CURB IN FRONT OF 1940 WASHINGTON ST. DRIVER STATES HE HAS SCRAPES ALONG HIS FRONT RIGHT RIM AND TIRE FROM WHERE HIS VEHICLE WAS FORCED TO HIT THE CURB. DRIVER STATES VEHICLE #2 PULLED OVER IN THE WOODLAND T STOP LOT. VEHICLE #1 STOPPED BEHIND HER AND AS HE GOT OUT OF HIS VEHICLE, VEHICLE #2 LEFT THE AREA. VEHICLE #1 WAS ABLE TO TAKE A PICTURE OF VEHICLE #2 PLATE (MA REG: 76439) AS THEY LEFT THE AREA. ATTEMPTS TO CONTACT VEHICLE #2 WERE UNSUCCESSFUL. WILL TRY AGAIN ON NEXT SHIFT. VEHICLE #1 ADVISED TO CONTACT HIS INSURANCE COMPANY.

(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

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

THOMAS P WALSH

NEWTON POLICE DEPT

03/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

