

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/05/2019	Time of Crash 15:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20 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:				
WEST PROCTOR ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number							
SOUTH WALKER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000341	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY INSURANCE			Reg # CIJ431 Reg Type PAS Reg State MA Veh Year 2013 Veh Make VOLVO Veh Config. 1 20 Owner DAHLBEN JEANE Address 11 EAST BOULEVARD RD City NEWTON State MA Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 1 9 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator See Above										
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 --- Sex F Lic. Class D M Lic. Restrictions B 19 CDL _____ Operator TOMPKINS NANCY Address 27 BROOKS AVE City NEWTON State MA Zip 02466 Insurance Company GEICO			Reg # 2H7713 Reg Type MCN Reg State MA Veh Year 2018 Veh Make URAL Veh Config. 3 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 1 9 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist See Above			5 4 4 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Operator of MV1 states she parked MV1 on Walker Street, while she was visiting a friend and when she came out to her vehicle she found damage to the drivers side door, left front corner panel and left front tire rim.

Operator of MV1 states two people witnessed the hit and run who were both on scene.

The first witness, Aaron Creecit, was making deliveries for UPS when he saw MV2, which was a motor cycle with a side car attached to it, take a left from Proctor Street onto Walker Street and struck MV1 with the side car portion of the motor cycle and left the scene.

The second witness, Jeanette Even, who lives at 30 Walker Street witnessed the hit and run and stated she saw MV2 take a left from Proctor Street onto Walker Street and struck MV1 and left the scene.

The first and second witness took down the registration plate (MA Reg: 2H7713) which came back to 27

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CREECIT, AARON,	304 PLEASANT ST BELMONT, MA 02478	-----	Y
EVEN, JEANETTE,	30 WALKER ST NEWTON, MA 02460	-----	Y

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

TIMOTHY F KEEFE

NEWTON POLICE DEPARTMENT

04/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

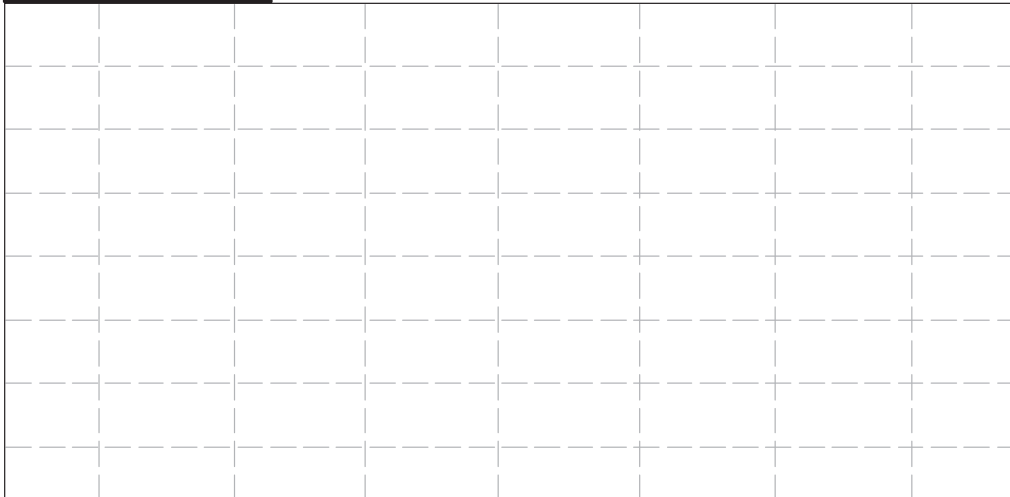
Precinct/Barracks

Date

→ 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:

Brooks Ave. I responded and found the motor cycle in the driveway covered by a blue tarp. I lifted the tarp and found damage on the right side portion of the side car, which would be consistent with the hit and run. I spoke with the operator of MV2, who states the motorcycle is new and she didn't realize she hit MV1. I issued the operator of MV2 in hand Massachusetts Uniform Citation #T1441458 for MGL Ch. 90 Sec. 24 (2) Leaving the scene of property damage (crash)

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

TIMOTHY F KEEFE

NEWTON POLICE DEPT.

04/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date