

## Commonwealth of Massachusetts

| Police Use Only                                                                                |                                |                     | Motor Vehicle Crash Police Report                              |                     |                                                        |                                                                                                                             | RMV Document Number                 |  |                                           |  |  |
|------------------------------------------------------------------------------------------------|--------------------------------|---------------------|----------------------------------------------------------------|---------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|-------------------------------------------|--|--|
| Date of Crash<br>04/09/2019                                                                    | Time of Crash<br>12:40<br>24HR | City/Town<br>NEWTON | Number Vehicles<br>2                                           | Number Injured<br>0 | Speed Limit<br>25<br>Latitude _____<br>Longitude _____ | State Police<br>Local Police<br>MBTA Police<br>Other:                                                                       | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>       |  |  |
| AT INTERSECTION:                                                                               |                                |                     | < LOCATION >                                                   |                     |                                                        |                                                                                                                             | NOT AT INTERSECTION:                |  |                                           |  |  |
| Route# Direction Name of Roadway/Street<br>At                                                  |                                |                     | SOUTH 11 MELBOURNE AVE                                         |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with              |                                |                     | Route# Direction Address # Name of Roadway/Street              |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
| Route# Direction Name of Intersecting Roadway/Street                                           |                                |                     | Feet N S E W of _____ Mile Marker _____ Exit Number _____      |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
| Route# Direction Name of Intersecting Roadway/Street                                           |                                |                     | 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 type="checkbox"/> Hit/Run                               |                     |                                                        | <input type="checkbox"/> Moped                                                                                              |                                     |  | Case Number 190000356                     |  |  |
| License # _____ St _____ DOB/Age _____                                                         |                                |                     | Reg # 3NR117                                                   |                     |                                                        | Reg Type PAN                                                                                                                |                                     |  | Reg State MA                              |  |  |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____                                      |                                |                     | Veh Year 2011                                                  |                     |                                                        | Veh Make DODGE                                                                                                              |                                     |  | Veh Config. 1 20                          |  |  |
| Operator _____ Last _____ First _____ Middle _____                                             |                                |                     | Owner WREN THOMAS M                                            |                     |                                                        | Last _____ First _____ Middle _____                                                                                         |                                     |  | Address _____                             |  |  |
| Address _____                                                                                  |                                |                     | City _____ State _____ Zip _____                               |                     |                                                        | City _____ State _____ Zip _____                                                                                            |                                     |  | Insurance Company METROPOLITAN PROPERTIES |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? _____                               |                                |                     | Event Sequence 1 22 22 22 22                                   |                     |                                                        | Damaged Area Code: (Circle Up to Three)                                                                                     |                                     |  | 10 Undercarriage                          |  |  |
| Citation # (If Issued) _____                                                                   |                                |                     | Most Harmful Event 1 23                                        |                     |                                                        | Driver Contributing Code 1 24 24                                                                                            |                                     |  | 5 11 Totaled                              |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |                                |                     | Underride/Override 25 Towed N                                  |                     |                                                        | Vehicle Action Prior to Crash 11 21                                                                                         |                                     |  | 6                                         |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                |                                |                     | Please fill out for operator and all occupants involved        |                     |                                                        | 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                                                      |                     |                                                        | Age/DOB                                                                                                                     |                                     |  | Sex                                       |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
| 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                               |  |  |
| License # _____ St _____ DOB/Age _____                                                         |                                |                     | Reg # _____                                                    |                     |                                                        | Reg Type CON                                                                                                                |                                     |  | Reg State MA                              |  |  |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____                                      |                                |                     | Veh Year _____                                                 |                     |                                                        | Veh Make UNKNOWN                                                                                                            |                                     |  | Veh Config. 6 20                          |  |  |
| Operator _____ Last _____ First _____ Middle _____                                             |                                |                     | Owner _____                                                    |                     |                                                        | Last _____ First _____ Middle _____                                                                                         |                                     |  | Address _____                             |  |  |
| Address _____                                                                                  |                                |                     | City _____ State _____ Zip _____                               |                     |                                                        | City _____ State _____ Zip _____                                                                                            |                                     |  | Insurance Company _____                   |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? _____                               |                                |                     | Event Sequence 2 22 22 22 22                                   |                     |                                                        | Damaged Area Code: (Circle Up to Three)                                                                                     |                                     |  | 10 Undercarriage                          |  |  |
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| Operator/Non-Motorist                                                                          |                                |                     | See Above                                                      |                     |                                                        | Age/DOB                                                                                                                     |                                     |  | Sex                                       |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |
|                                                                                                |                                |                     |                                                                |                     |                                                        |                                                                                                                             |                                     |  |                                           |  |  |

→ 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:**

OWNER OF VEHICLE #1 REPORTS HE HAD HIS VEHICLE, 2011 BLACK DODGE CHALLENGER, MA REG 3NR 117 PARKED IN FRONT OF HIS GIRLFRIENDS HOUSE, #11 MELBOURNE AVE WHEN HE HEARD A LOUD CRASH FROM INSIDE.

HE LOOKED OUTSIDE AND OBSERVED A LARGE WHITE BOX TRUCK LEAVING THE SCENE. NO FURTHER DESCRIPTION

VEHICLE #2 LEFT SCENE AFTER CRASH.

DUE TO CALIFORNIA ST BEING CLOSED GOING E/B ALL TRAFFIC WAS BEING DIVERTED DOWN MELBOURNE MAKING IT HAZARDOUS FOR CARS PARKED ON THE STREET.

**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 J MCCARTHY

NEWTON POLICE DEPT

04/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date