

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/10/2019		Time of Crash 15:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 460 NEWTONVILLE AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N S E W] of _____ Landmark _____								11	
1 1		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000362							2
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company AMICA MUTUAL INS				Reg # 4CDA50 Reg Type PAN Reg State MA Veh Year 2010 Veh Make JEEP Veh Config. [2] [20] Owner HOPKINS TIMOTHY P Address 8 KAREN LN City NATICK State MA Zip 01760 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] [2] [3] [4] Most Harmful Event [1] [23] [9] [10 Undercarriage] Driver Contributing Code [1] [24] [24] [5] [11 Totaled] Underride/Override [25] Towed N								12	
5 1				6 1				13 2				13	
Please fill out for operator and all occupants involved												13	
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												13	
Operator See Above												13	
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												13	
License # --- St MA DOB/Age --- Sex F Lic. Class [D] [18] [18] Lic. Restrictions [1] [19] CDL _____ Operator ROGOVIN FRANCES A Address 99 NORUMBEGA RD (apt. 219) City WESTON State MA Zip 02493 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # C118HW Reg Type PAN Reg State MA Veh Year 2003 Veh Make BUICK Veh Config. [1] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [10] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] [2] [3] [4] Most Harmful Event [1] [23] [9] [10 Undercarriage] Driver Contributing Code [99] [24] [24] [5] [11 Totaled] Underride/Override [25] Towed N								13	
Please fill out for operator and all occupants involved												13	
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												13	
Operator/Non-Motorist See Above												13	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

460 Newtonville Ave

2 2 1

N

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:

The operator of Vehicle #1 returned to her vehicle to a note from a witness that stated that she witnessed a vehicle strike her front bumper, as it was reversing to park.

I also observed a small dent and a scratch consistent with a collision of this type on Vehicle #1's bumper.

All attempts to contact Vehicle #2 have been negative, of yet. I will follow up on my next tour.

The witness, identified as Ms. Michelle Temple, stated that she observed the collision, and added that it was with enough force to cause damage to the bumper. She then stated to the operator, "you just hit that car", to which the operator replied, "I know", and then walked away towards Newtonville Square.

I was later able to speak with Ms. Rogovin. She stated that she didn't believe any damage was caused, thus she didn't notify anyone.

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

DECLAN G HEALY NEWTON POLICE DEPART 04/10/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00