

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/25/2019		Time of Crash 14:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5 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 1369 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	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												99	
3 99 <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000418					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PLYMOUTH ROCK				Reg # 4HA696 Reg Type PAN Reg State MA Veh Year 2016 Veh Make LEXUS Veh Config. [1] [20] Owner JIRICHIAN MICHAEL G Address 19 JEWETT ST City WATERTOWN State MA Zip 02472 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 [24] [24] 5 11 Totaled Underride/Override [25] Towed N [6]								12	
5 Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
6 99 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												99	
Operator See Above													
7 9 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type [14] Action [15] Location [16] Condition [17] <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
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Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Village Bank
1309 Washington Street

Unit 1

Elm 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 3/25/19 the owner of vehicle #1 reports that on 3/24/19 while his wife was at work at the Village Bank his vehicle was hit by an unknown vehicle causing damage to the front grill. His wife is attempting to get video of the accident from the Village Bank security cameras. She will contact NPD Traffic Bureau if they are able to get video of incident.

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