

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/15/2019	Time of Crash 12:27 24HR	City/Town NEWTON	Number Vehicles 1	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:				
Route# Direction Name of Roadway/Street At			SOUTH 35 PULSIFER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
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 190000493		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 336ZKD Reg Type PAN Reg State WI Veh Year 2014 Veh Make VOLKS Veh Config. 1 20								
Operator Last First Middle Address City State Zip Insurance Company SECURA			Owner SCHEIDT JEFFREY Address 400 28TH ST. City LACROSSE State WI Zip 54601								
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved											
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											
Operator See Above											
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											
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20								
Operator Last First Middle Address City State Zip Insurance Company			Owner Last First Middle Address City State Zip								
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Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved											
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											
Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

35 PULSIFER

Unit 1

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 5-15-19 AT APPROX. 1227HRS. WHILE WORKING N492 I TOOK A REPORT FOR HIT AND RUN MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 35 PULSIFER I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES HE WAS PARKED IN FRONT OF 35 PULSIFER AND WHEN HE RETURNED TO HIS CAR HE NOTICED A DENT ON THE LEFT FRONT FENDER. THERE WAS NOTE WITH A PHONE NUMBER ATTACHED TO HIS WINDSHIELD. WHEN HE CALLED THE NUMBER HE GOT NO RESPONSE. OWNER DOES NO KNOW WHO HIT HIS VEHICLE. OWNER WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. VEHICLE #1 HAS MINOR FRONT END BUMPER DAMAGE. OWNER TOOK PICTURES OF THE DAMAGE.

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 DEPTA** **05/15/2019**

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

CDP1 11 -24:00