

Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/22/2019	Time of Crash 08:29 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	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:				
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
												2 9			
Route# Direction Name of Roadway/Street At				WEST 23 KENILWORTH ST Route# Direction Address # Name of Roadway/Street								2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of • or Exit Number Mile Marker											
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								11 4			
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 1900000521									
License # St DOB/Age Reg # 44NL01 Reg Type PAN Reg State MA				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2016 Veh Make LEXUS Veh Config. 20								3 12			
Operator Last First Middle Owner MORLEY KATHARINE E Address 23 KENILWORTH ST				City NEWTON State MA Zip 02458								3 12			
Insurance Company BANKERS STANDARD				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency?				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								10 Undercarriage 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												13 1			
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 Reg # Reg Type Reg State				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year Veh Make Veh Config. 20											
Operator Last First Middle Owner Last First Middle Address				City State Zip											
Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
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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:**

23 Kenilworth Street

Unit 1

Kenilworth Street

Waverley Ave

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:**

Sometime between 5/21/2019 at 17:00 and 5/22/2019 at 08:00 someone struck motor vehicle 1 and left the area.

There was glass on the ground where vehicle # 1 was parked.

**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