

Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 05/24/2019	Time of Crash 19:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:				2	9			
NORTH FAXON ST																	2	10			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										Feet N S E W of Mile Marker Exit Number								
EAST WATERTOWN ST																					
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street										Feet N S E W of				11	99			
Also at Intersection with																					
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 1900000533												
License # St DOB/Age										Reg # VICK Reg Type PAS Reg State MA											
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL										Veh Year 2015 Veh Make LEXUS Veh Config. 20											
Operator Last First Middle										Owner NGUYEN VICTORIA Last First Middle										12	1
Address										Address 53 (apt. 3) LINDEN STREET											
City State Zip										City BOSTON State MA Zip 02122											
Insurance Company PLYMOUTH ROCK										Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: X S E W Responding to Emergency?										Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued)										Most Harmful Event 1 23 10 Undercarriage											
Violation 1: Ch Sec Violation 2: Ch Sec										Driver Contributing Code 24 24 5 11 Totaled											
Violation 3: Ch Sec Violation 4: Ch Sec										Underride/Override 25 Towed N 6 0 6											
Please fill out for operator and all occupants involved																				13	2
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 checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # St DOB/Age										Reg # Reg Type PAN Reg State XX											
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL										Veh Year UNK Veh Make UNKNOWN Veh Config. 20											
Operator Last First Middle										Owner Last First Middle											
Address										Address											
City State Zip										City State Zip											
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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:

Watertown St

QuickStop

Cristofori Jewelers

MV1

P.O.I.

Faxon 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:

The cashier of the QuickStop (293 Watertown St) stated she was informed by an unknown customer that a vehicle had been hit behind the store and the driver fled (no suspect vehicle information provided).

The cashier informed the owner of the vehicle who then observed minor damage to the drivers side.

Cristofori Jewelers (291 Watertown St) does have cameras in the area, however the business is closed and their voicemail was not set up.

It is unknown how this accident occurred (side swipe, angle, back in).

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PATEL, SAGE,	293 WATERTOWN ST NEWTON, MA 02460	-----	N

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42