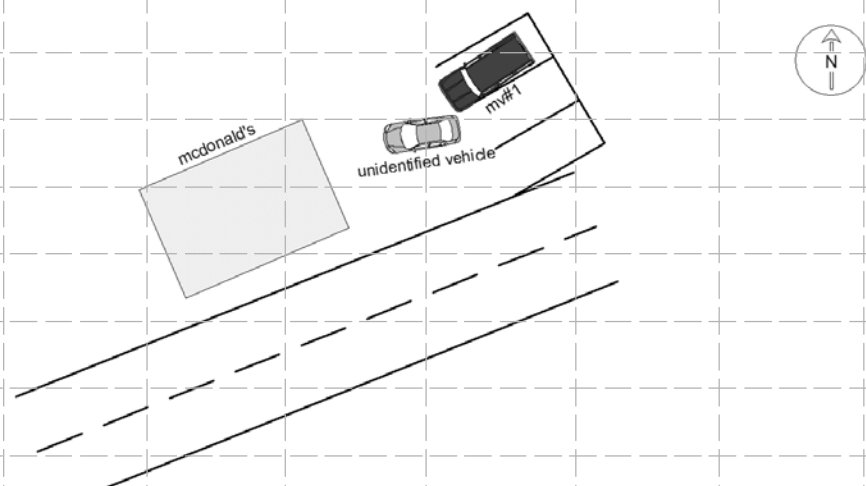



Police Use Only		Commonwealth of Massachusetts										RMV Document Number																					
Date of Crash 06/01/2019		Time of Crash 23:33 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 1		Number Injured 0		Speed Limit 5 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																									
Route# Direction Name of Roadway/Street At						SOUTH 111 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000565																									
License # --- St MA DOB/Age ---						Reg # 9BP454 Reg Type PAN Reg State MA						Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL Endorsment										Veh Year 2105 Veh Make INFINITI Veh Config. 2 20											
Operator SMELSON ETHAN Last First Middle						Owner SMELSON DAVID Last First Middle						Address 65 GORDON RD										Address 65 GORDON ST.											
City NEWTON State MA Zip 02468						City NEWTON State MA Zip 02468						Insurance Company USAA										Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N X E W Responding to Emergency?						Event Sequence 2 22 22 22 22						Most Harmful Event 2 23										Driver Contributing Code 1 24 24											
Citation # (If Issued)						Underride/Override 25 Towed N						10 Undercarriage 11 Totaled										9											
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						-----		---		---										10		1					
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 --- CDL Endorsment										Veh Year --- Veh Make --- Veh Config. 20											
Operator --- Last First Middle						Owner --- Last First Middle						Address ---										Address ---											
City --- State --- Zip ---						City --- State --- Zip ---						Insurance Company ---										Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22						Most Harmful Event 23										Driver Contributing Code 24 24											
Citation # (If Issued)						Underride/Override 25 Towed ---						10 Undercarriage 11 Totaled										9											
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:

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center; margin-top: 20px;">  </div>
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Crash Narrative:

On 6/1/19 at approx 2333 I responded to the McDonalds at 111 Needham St for a report of a past Hit and Run accident. Upon arrival I spoke with Ethan Smelson who stated he parked MV#1 in the parking lot and then left in another friends vehicle. When he returned to the McDonalds he noticed there was minor damage to the front driver side bumper to MV#1.

There was no one inside of MV#1 at the time of the accident and there was no other information on the vehicle that might have hit MV#1.

The employees inside stated there might be cameras facing that direction but they couldn't access them.

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)		35
Carrier Name _____		Carrier Issuing Authority Code
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