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|--|--------------------------------|---------------------|---|----------|--|--|---|----------------------|--|---------------------|---|---|--|--|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | RMV Document Number | | | | | | | | |
| Date of Crash 06/04/2019 | Time of Crash 19:02 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | | | Number Vehicles 2 | 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: | | | | | | | | | |
| NORTH CENTRE ST | | | | | | | | | | | 2 9 | | | | | | |
| Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | 2 10 | | | | | | |
| EAST JEFFERSON ST | | | Feet N S E W of . or Exit Number | | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | 11 3 | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 1900000574 | | | | | | | | |
| License # --- St MA DOB/Age --- | | | Reg # 1NV937 Reg Type PAN Reg State MA | | | Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment | | | Veh Year 2007 Veh Make HONDA Veh Config. 1 20 | | | | | | | | |
| Operator MOATTARI MARYLYKE Last First Middle | | | Owner MOATTARI BABAK Last First Middle | | | Address 1 VILLAGE GATE ROAD | | | City CANTON State MA Zip 02021 | | | | | | | | |
| Insurance Company LM GENERAL | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | Event Sequence 1 22 22 22 22 2 | | | Most Harmful Event 1 23 | | | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? | | | Driver Contributing Code 1 24 24 | | | Underride/Override 25 Towed N | | | Citation # (If Issued) | | | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Violation 3: Ch Sec Violation 4: Ch Sec | | | Diagram: 10 Undercarriage 11 Totaled | | | 13 1 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | | | |
| Operator See Above | | | ----- - - - - 1 4 4 0 0 10 1 | | | | | | | | | | | | | | |
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| Please Select One of the Following: | | | <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age --- | | | Reg # 9AB179 Reg Type PAN Reg State MA | | | Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2019 Veh Make SUBARU Veh Config. 1 20 | | | | | | | | |
| Operator JONES KEITH M Last First Middle | | | Owner (Same as operator) Last First Middle | | | Address | | | City Newton State MA Zip 02458 | | | | | | | | |
| Insurance Company LIBERTY MUTUAL | | | Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) | | | Event Sequence 1 22 22 22 22 2 | | | Most Harmful Event 1 23 | | | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? | | | Driver Contributing Code 99 24 24 | | | Underride/Override 25 Towed N | | | Citation # (If Issued) T1444339 | | | | | | | | |
| Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec | | | Violation 3: Ch Sec Violation 4: Ch Sec | | | Diagram: 10 Undercarriage 11 Totaled | | | 13 1 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | ----- - - - - 99 4 4 0 0 10 1 | | | | | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

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:

Operator of MV1 states at approximately 8:30am she was traveling northbound on Centre Street approaching Jefferson Street when MV2, operated by a male driver, cut in front of her and struck her left front bumper with his right rear bumper and fled the scene. Operator of MV1 was able to take a picture of the license plate (MA Reg: 9AB179), which comes back to Keith Jones out of 109 Vernon Street, Newton. MV1 sustained minor damage to the front left bumper.

I attempted to contact Mr. Jones via telephone with negative results. At approximately 9:30pm, Officer Dragone responded to 109 Vernon Street in an attempt to raise Mr. Jones, but there was no one home and the vehicle wasn't in the driveway.

I will be mailing Mr. Jones Massachusetts Uniform Citation #T1444339 for the following: MGL Ch. 90 Sec. 24/C

(Continued on next page)

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 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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Leaving the Scene of Property Damage (Accident).

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 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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

06/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date