

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 06/06/2019		Time of Crash 14:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9								
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 349 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ TOMMY DOYLES RESTAURANT Landmark _____								10								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11								
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000584								3								
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Reg # 337-VT8 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. [1] [20] Owner RANKINGS ROBERT Address 18 LOTHROP ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 3 4 Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed N								12								
5				Please fill out for operator and all occupants involved								13								
6				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								2								
Operator				See Above																
7				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																
8				License # --- St MA DOB/Age --- Sex M Lic. Class [D] [18] [18] Lic. Restrictions [9] [19] CDL _____ Operator OUCIBLE OUSSAMA S Address 62 DEHON ST City REVERE State MA Zip 02151 Insurance Company OCCIDENTAL FIRE Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) T1444062 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 19/86 Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								Reg # 31Y660 Reg Type PAN Reg State MA Veh Year 2001 Veh Make TOYOTA Veh Config. [1] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [8] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [6] [24] [24] 5 11 Totaled Underride/Override [25] Towed N								
Please fill out for operator and all occupants involved				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:**

#349 WATERTOWN ST TOMMY DOYLES

Unit 1

Unit 2

Unit 2

Unit 2

WATERTOWN ST

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

**Crash Narrative:**

ON JUNE 6TH, 2019 AT APPROXIMATELY 14:11 HOURS WHILE ASSIGNED TO N491 I WAS DISPATCHED TO #349 WATERTOWN ST FOR A REPORTED HIT & RUN CRASH THAT HAD JUST OCCURRED.

DISPATCH FURTHER REPORTED SUSPECT VEHICLE HAD FLED THE SCENE WEST ON WATERTOWN ST IN A BROWN COLORED TOYOTA BEARING MA REG. 31Y660.

ON MY ARRIVAL TO THE SCENE I SPOKE WITH THE OWNER OF VEHICLE #1 IDENTIFIED AS ROBERT RANKINGS. HE REPORTS THAT WHILE EATING LUNCH IN TOMMY DOYLES A WOMEN(WITNESS), LATER IDENTIFIED AS PATTY TUCKER ENTERED THE RESTAURANT ASKING IF ANYONE OWNED A RED TOYOTA PARKED OUT FRONT? HE REPLIED, "HE DID". WITNESS THEN TOLD HIM SHE WITNESSED ANOTHER VEHICLE HIT HIS CAR THEN DRIVE AWAY.

MS TUCKER(WI) TOLD MR RANKINGS THAT WHILE TRAVELLING W/B ON WATERTOWN ST SHE WITNESSED SUSPECT VEHICLE

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
TUCKER, PATTY,	289 AUBURNDALE AVE NEWTON,MA 02466	-----	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

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 J MCCARTHY

NEWTON POLICE DEPART

06/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



**Crash Narrative:**

THE FOLLOWING DAY, JUNE 7TH, 2019, AT 09:30 HOURS I SPOKE WITH THE WITNESS, PATTY TUCKER.

MS TUCKER GAVE THE FOLLOWING STATEMENT TO ME REGARDING THIS INCIDENT:

I WAS GOING W/B ON WATERTOWN ST HEADING TOWARDS WEST ST WHEN SUSPECT VEHICLE WHO WAS COMING E/B ON WATERTOWN ST (OPPOSITE DIRECTION) SUDDENLY MADE A U TURN IN FRONT OF HER. SUSPECT VEHICLE HAD TO MAKE TWO TURNS TO COMPLETE HIS U/TURN HOWEVER ON THE SECOND ATTEMPT HE STRUCK THE VICTIMS PARKED VEHICLE.

SUSPECT THEN DROVE A SHORT DISTANCE AWAY STOPPING IN FRONT OF MAGNI FUNERAL PARLOR. SUSPECT, WHO WAS DESCRIBED AS A W/M, IN HIS THIRTIES WITH A SHAVED HEAD AND WEARING SUNGLASSES GOT HALFWAY OUT OF HIS VEHICLE, LOOKED BACK THEN GOT BACK INTO HIS VEHICLE AND DROVE AWAY.

MS TUCKER WAS ABLE TO TAKE A PICTURE OF THE SUSPECT'S LICENSE PLATE WITH HER CELL PHONE PRIOR TO HIM FLEEING.

(Continued on next page)

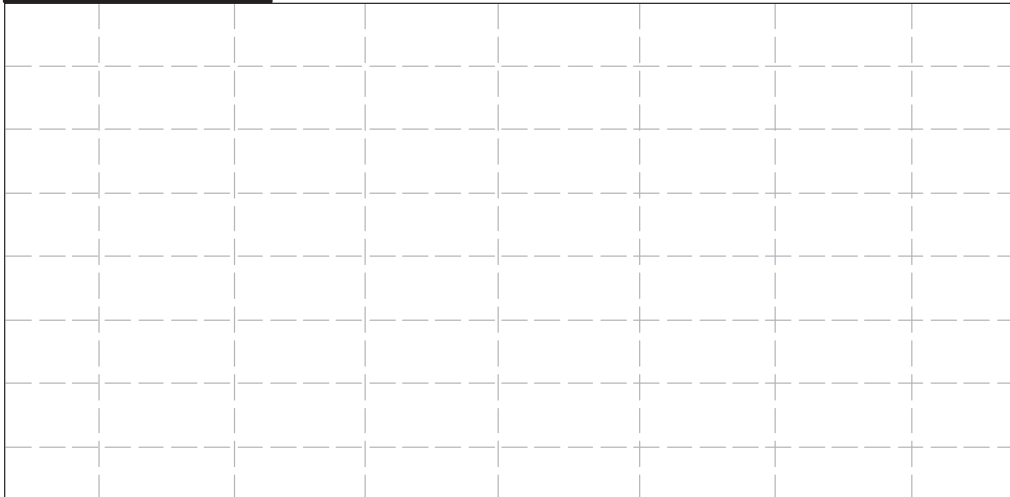
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

THOMAS J MCCARTHY			NEWTON POLICE DEPT.		06/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

SHE LATER PROVIDED IT TO THE VICTIM, ROBERT RANKINGS.

I WILL BE MAILING A CITATION#T1444062 TO THE REGISTERED OWNER FOR LEAVING THE SCENE OF ACCIDENT, 90/24C AND  
MAKING AN ILLEGAL U/TURN, CITY ORDINANCE VIOLATION 19/86

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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

THOMAS J MCCARTHY

NEWTON POLICE DEPTA

06/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date