

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/28/2019		Time of Crash 17:29 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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						2 9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 101 WALKER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11 99	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000669						3	
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GLEI PATRICIA Address 176 CHESTNUT STREET (apt. 2) City WALTHAM State MA Zip 02453 Insurance Company USAA CASUALTY INS				Reg # 858NT2 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 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 _____								12 1	
Please fill out for operator and all occupants involved												13 2	
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 ----- --- 0 4 4 0 0 10 1									
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7 1	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company CITIZENS INS				Reg # C49807 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 20 Owner SARNO JR FRANK A Address 415 (apt. 1) BROADWAY City SOMERVILLE State MA Zip 02145 Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 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 _____								8 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 ----- ---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

101

WALKER STREET

P.O.I.

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:

On 06/28/2019, while assigned to West Newton, I, Officer Conary, met with Owner of MV1 for a report of a past hit and run accident. Owner of MV1 explained to me that at approximately 0800 hours they parked MV1 on Walker Street on the side of the road. At 1700 hours, they observed a dent on front right bumper. There was a note left that stated "a green van hit your car and scraped - License plate C49807". There was no additional information. The registration comes back to a party out of Somerville MA, Frank Sarno Jr. Somerville PD was contacted to check the residence. They left a note to have Sarno call Newton Police. Investigation is still ongoing until all parties involved have been contacted.

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

KRISTINA CONARY NEWTON POLICE DEPT 06/28/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00