

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/08/2019	Time of Crash 11:49 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 10 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:				
Route# Direction Name of Roadway/Street At			NORTH 210 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000695		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 5TV886 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20								
Operator Last First Middle Address City State Zip Insurance Company ARBELLA			Owner MUYSKENS DEBORAH Address 165 CHESNUT ST. City FLORENCE State MA Zip 01062								
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled					
Citation # (If Issued)			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 See Above								
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 Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20					
Operator Last First Middle Address City State Zip Insurance Company			Owner Last First Middle Address City State Zip			Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed					
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Citation # (If Issued)			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:**

210 NEEDHAM ST

Unit 1

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 7-8-19 AT APPROX. 1149HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT THE NEWTON POLICE STATION FRONT DESK I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES ON 7-6-19 BETWEEN 1500-1600HRS. WHILE SHE WAS PARKED IN THE PARKING STALL AT 210 NEEDHAM ST. ( HOME GOODS ) SOMEONE HIT THE LEFT REAR QTR. PANEL OF HER VEHICLE CAUSING DAMAGE TO THE FENDER AS WELL AS THE LEFT BRAKE LIGHT. OWNER STATED SHE DELAYED REPORTING THE INCIDENT BECAUSE HER VEHICLE WAS STILL OPERATIONAL. OWNER REPORTED NO INJURIES. WAS ADVISED TO CONTACT HER INSURANCE COMPANY.

**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

THOMAS P WALSH      NEWTON POLICE DEPTA      07/08/2019

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

CDP1 11 -24:00