

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/01/2019		Time of Crash 09:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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 _____				16 WEST 191 WATERTOWN ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____						2 10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____		Route# _____ Intersecting Roadway/Street _____ PLANET FITNESS						11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N S E W] of _____		Landmark _____						4		
3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000789						
4		1		License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY		Reg # 9KYS80 Reg Type PAN Reg State MA Veh Year 2015 Veh Make LEXUS Veh Config. [2] [20] Owner MORANCY CHARLES T Address 2 LEOMINSTER RD City DEDHAM State MA Zip 02026		Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed N				12		
5		Vehicle Travel Direction: [N S E W] Responding to Emergency? _____		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						
6		1		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				13		
7		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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____		Reg # _____ Reg Type PAN Reg State MA Veh Year _____ Veh Make UNKNOWN Veh Config. [1] [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____		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] 10 Undercarriage Driver Contributing Code [10] [24] [24] 5 11 Totaled Underride/Override [25] Towed N				
8		1		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:

PLANET FITNESS #191 WATERTOWN ST

STOP AND SHOP

Unit 2 Unit 1

← N →

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:

OWNER OF VEHICLE STATED HE PARKED HIS 2015 WHITE LEXUS RX350, MA REG 9KYS80 IN THE PARKING LOT OF STOP AND SHOP PLAZA, #191 WATERTOWN ST AT APPROXIMATELY 08:00 HOURS. HE CAME OUT ABOUT AN HOUR LATER AND FOUND THAT SOMEONE HAD STRUCK HIS VEHICLE.

VEHICLE #2 FLED THE SCENE WITHOUT MAKING THEMSELVES KNOWN.

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 J MCCARTHY NEWTON POLICE DEPARTM 08/01/2019

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

CDP1 11 -24:00