

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/30/2019	Time of Crash 16:56 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 195 SUMNER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____				Route# Direction Name of Roadway/Street Feet N S E W of _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000993		
License # --- St MA DOB/Age ---			Reg # MYFLWR Reg Type PAV Reg State MA			Veh Year 2018 Veh Make HONDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator MCKENNA CRAIG			Owner (Same as operator)					
Address 264 LINWOOD AVE			City NEWTON State MA Zip 02460			Insurance Company COMMERCE INSURANCE					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		
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			NONE		
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 ---			Reg # MVNA Reg Type UNK Reg State XX			Veh Year UNK Veh Make UNK Veh Config. 2 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator _____			Owner _____					
Address _____			City _____ State _____ Zip _____			Insurance Company _____					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 10 24 9 24		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		
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:

NOT TO SCALE

Beacon St

Sumner St

Langley Rd

195 Sumner 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

Crash Narrative:

On September 30, 2019 at approximately 16:56 I responded to a reported hit and run crash at 195 Sumner St. Dispatch gave out a description of the vehicle that fled, described as a red pickup truck with a possible partial plate of "MVNA". I, along with several other units checked the area for the vehicle with negative results.

I responded to 195 Sumner St. and spoke with the operator of MV 1, who explained that he was traveling Northbound on Langley Rd onto Sumner St when a red pickup truck attempted to pass the RP from behind. Due to Sumner St being a narrow, one way street, the pickup truck cut back in front of MV1 and struck the front driver's side of MV1 with the rear passenger side of the pickup truck. The pickup truck proceeded down Sumner St. towards Centre St. without attempted to stop.

(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

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

CHARLES P GUARINO 38802 NEWTON POLICE DEPTA 09/30/2019

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:

The operator of MV1 did not know the make or model of the vehicle, but described it as a full size pickup truck that was red/maroon with a black tailgate with a large "fox racing" sticker on it.

The description of the vehicle that fled was broadcasted to units canvassing the area, but was not found.

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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

09/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date