

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/09/2019	Time of Crash 23:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	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:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ 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			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001030	
License # _____ St _____ DOB/Age _____			Reg # 8AVH50			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2017			Veh Make NISSAN			Veh Config. 1 20	
Operator _____ Last _____ First _____ Middle _____			Owner MCDERMOTT RYAN			Last _____ First _____ Middle _____				
Address _____			Address 200 SYCAMORE ST			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City WATERTOWN			State MA			Zip 02472	
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6			11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 _____			Reg # _____			Reg Type _____			Reg State 20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last _____ First _____ Middle _____			Owner _____			Last _____ First _____ Middle _____				
Address _____			Address _____			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City _____			State _____			Zip _____	
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 23			1 9 10 Undercarriage				
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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:

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:

Upon arrival the Operator of Vehicle #1 was not on scene. Operator of Vehicle #1 returned to the scene a short time later. Operator #1 stated that he was drunk and hit two parked vehicles. Vehicle #1 sustained heavy front end damage and was towed from the scene by Tody's.

Vehicle #2 and Vehicle #3 were legally parked on California Street and were sideswiped by Vehicle #1. Both vehicles were unoccupied. Vehicle #2 and #3 sustained heavy rear end damage and were towed from the scene by Tody's.

All inventory sheets were completed and filed. Operator of Vehicle #1 was subsequently arrested. Refer to NPD Incident 19043036. No injuries were reported and Newton Medics cleared the scene with a patient refusal by Operator #1.

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