

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																	
Date of Crash 10/19/2019	Time of Crash 04:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:																																																															
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																																			
<div>Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>			<div>EAST 38 COMMONWEALTH AVE 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</div>																																																																					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001065																																																																	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator AMANDIO RICARDO Address 27 AMHERST RD City WABAN State MA Zip 02468 Insurance Company LIBERTY MUTUAL FIRE			Reg # 1VMW94 Reg Type PAN Reg State MA Veh Year 2019 Veh Make MAZDA Veh Config. 1 20 Owner DONLEN TRUST Address 3000 LAKESIDE DR City BANNOCKBURN State IL Zip 60015 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 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																																																																					
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→ 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:

On Saturday, October 19th 2019, at approximately 4:20am, I took a report at the front desk for a past hit and run. I spoke with the operator of MV1(MA REG 1VMW94) who stated at approximately 1:20am he was dropping off an Uber passenger at 38 Commonwealth avenue, and he was backed into by MV2(CT REG 870XCH). MV1 sustained scrapes and a pushed in front bumper. The operator of MV2 did not stop to provide information, and as of the writing of this report the operator is not known. I left a message with the registered owner of MV2 to contact me. There were no injuries in the accident.

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

JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	10/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00