

| Police Use Only  |           |   | Commonwealth of Massachusetts |                                |                        |  | RMV Document Number    |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------|---|-------------------------------|--------------------------------|------------------------|--|------------------------|-------------------------|------------------------|---|------------------------|--|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|-----------------------|-----------|-------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Crash<br>12/01/2019  |           | Time of Crash<br>10:55<br>24HR              |                               | City/Town<br>NEWTON            |                        | Motor Vehicle Crash<br>Police Report   |                        | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |                        | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT INTERSECTION:   |           |   |                               | < LOCATION >                   |                        | NOT AT INTERSECTION:   |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>14</div> <div>Route# Direction Name of Roadway/Street<br/>At<br/>Route# Direction Name of Intersecting Roadway/Street<br/>Also at Intersection with<br/>Route# Direction Name of Intersecting Roadway/Street</div>  |           |   |                               |                                |                        | <div>29</div> <div>NORTH 4 MARLBORO ST</div> <div>Route# Direction Address # Name of Roadway/Street<br/>Feet N S E W of _____ • _____ or _____<br/>Mile Marker Exit Number</div> <div>Route# Direction Name of Intersecting Roadway/Street<br/>Feet N S E W of TREMONT ST<br/>Route# Intersecting Roadway/Street<br/>Landmark</div>  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        | <div>210</div>   |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        | <div>114</div>   |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        | <div>114</div>   |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>3</div> <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants  |           | <input checked="" type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped |                        | Case Number 190001228  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>41</div> <div>License # _____ St _____ DOB/Age _____<br/>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br/>Operator _____ Last _____ First _____ Middle _____<br/>Address _____<br/>City _____ State _____ Zip _____<br/>Insurance Company METROPOLITAN CASUALTY</div>  |           |   |                               |                                |                        | <div>12</div> <div>Reg # AP16629 Reg Type PAN Reg State CT<br/>Veh Year 2018 Veh Make HONDA Veh Config. 1 20<br/>Owner REIMAN PAUL<br/>Address 4 CASTLE DR<br/>City CROMWELL State CT Zip _____<br/>Vehicle Action Prior to Crash 11 21<br/>Event Sequence 1 22 22 22 22 2<br/>Most Harmful Event 1 23<br/>Driver Contributing Code 1 24 24<br/>Underride/Override 25 Towed N</div>    |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>5</div> <div>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N<br/>Citation # (If Issued) _____<br/>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br/>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>  |           |   |                               |                                |                        | <div>132</div> <div>Damaged Area Code: (Circle Up to Three)<br/>10 Undercarriage<br/>5 11 Totaled<br/></div>   |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div>61</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26<br/>Seat<br/>Pos.</th><th>27<br/>Safety<br/>System</th><th>28<br/>Airbag<br/>Status</th><th>29<br/>Airbag<br/>Switch</th><th>30<br/>Eject<br/>Code</th><th>31<br/>Trap<br/>Code</th><th>32<br/>Injury<br/>Status</th><th>33<br/>Transp.<br/>Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>              |           |   |                               |                                |                        | Name (Last First Middle)   | Address                | Age/DOB                 | Sex                    | 26<br>Seat<br>Pos.                                  | 27<br>Safety<br>System | 28<br>Airbag<br>Status   | 29<br>Airbag<br>Switch | 30<br>Eject<br>Code | 31<br>Trap<br>Code | 32<br>Injury<br>Status | 33<br>Transp.<br>Code | Medical Facility | Operator              | See Above | ----- | --- | --- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator   | See Above | -----                                       | ---                           | ---                            |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <div>73</div> <div>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</div>  |           |   |                               |                                |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator/Non-Motorist  | See Above | -----                                       | ---                           | ---                            |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |           |   |                               |                                |                        |  |                        |                         |                        |   |                        |  |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

4 Marlboro St

Tremont St

MV1

P.O.I.

MV2

Marlboro St

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:**

Reporting party parked her father's MV (MV1) in front of 4 Marlboro St (public way) facing northbound near the Tremont St intersection at approximately 1930 hours on Saturday 11/30/19. Reporting party was not present during the incident. A witness observed MV2 operated by an unknown party slowly sideswipe MV1. Witness stated the MV2 operator did not exchange paper work and left the scene immediately. Witness took a photo of the incident and forwarded it to reporting party when they met this morning. MV1 sustained heavy damage to the left rear bump and rear left side. No known injuries, no towed required. Reporting party dropped MV1 off at Honda Dealership on Washington St, and we transported the reporting party from Honda Dealership to her new address.

Reporting party forward me the photo of the incident, and it has been forwarded to the IT Bureau.

(Continued on next page)

**Witnesses:**

| Name (Last, First, Middle) | Address  | Phone # | Statement |
|----------------------------|--|---------|-----------|
| REIMAN, NICOLE,            | 177 (apt 2B) LAKE SHORE RD<br>BRIGHTON, MA 02135 | -----   | N         |
| LEEDS, JARED,              | 4 MARLBORO ST<br>NEWTON, MA                      | -----   | N         |

**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

MARK HATFIELD

NEWTON POLICE DEPT.

12/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

