

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 12/27/2019		Time of Crash 15:19 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 10 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 _____				NORTH 2345 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ 25 FEET Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ MARRIOTT HOTEL Landmark _____								10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11				
3 1				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001337			5			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Reg # VT41989 Reg Type PAS Reg State MA Veh Year 2005 Veh Make CHEVY Veh Config. 2 20 Owner ANDERSON WAYNE E Address 12 NEW YORK AVE City BLACKSTONE State MA Zip 01504 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12				
5				Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N				Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						99		
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						13		
Operator				See Above				-----						2		
7 1				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		
8 4				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 _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								
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Operator/Non-Motorist				See Above				-----								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

2345 Commonwealth Ave, Marriott Hotel parking lot

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:**

Witness said between 0930 to 1430 hours this date she was out of the hotel running errands. Witness stated her husband's MV (MV1) was parked unoccupied within the lines of 2345 Commonwealth Ave (Marriott Hotel) between those hours. Witness stated when she came back at 1430 hours she observed new damage done to MV1. Witness said during that time period an unknown MV sideswiped MV1 and left the scene without giving information. Witness believes the unknown MV must have scratched their car while attempting to back up from their space. Witness said the minor damage (scratch to the rear passenger side) was not there before today. Witness does not know who may have caused the damage. No injuries reported, no tow required, and no security camera recordings. Witness was advised for the registered owner to contact their insurance.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ANDERSON, ALLYSON,	12 NEW YORK AVE BLACKSTONE, MA 01504	-----	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 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

MARK HATFIELD

NEWTON POLICE DEPT.

12/27/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date