

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/01/2020	Time of Crash 12:53 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____						
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>									
<div>1 1</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<div>2 9</div> <div>2 10</div> <div>11 3</div> <div>EAST 18 THURSTON RD</div> <div>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</div> <div>Mile Marker _____ Exit Number _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Route# _____ Intersecting Roadway/Street _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Landmark _____</div>											
<div>2 2</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
<div>3</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
<input checked="" type="checkbox"/> Vehicle 1 <u>0</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000001							
License # _____ St _____ DOB/Age _____			Reg # <u>UND19G</u>		Reg Type <u>PAN</u>		Reg State <u>NJ</u>							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year <u>2009</u>		Veh Make <u>TOYT</u>		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20							
<div>4 1</div> Operator _____ Last _____ First _____ Middle _____			Owner <u>GOOCH</u> <u>STEPHEN</u> <u>F</u>		Last _____ First _____ Middle _____									
Address _____			Address <u>24 FLOYD WYCOFF RD</u>		Last _____ First _____ Middle _____									
City _____ State _____ Zip _____			City <u>MORGANVILLE</u>		State <u>NJ</u>		Zip <u>07751</u>							
Insurance Company <u>ALLSTATE</u>			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)									
<div>5 2</div> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled							
<div>6 2</div> Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed <u>Y</u>		6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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		-----		---							
<div>7 1</div> Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____							
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20							
<div>8 1</div> 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 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23		1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		8 <input type="checkbox"/> 7 <input type="checkbox"/> 6		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed _____									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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:**

The owner of MV#1 stated that he parked his MV across from #19 Thurston Rd at approx. 1PM on 12/31/19 and retrieved it at 9PM the same day. Today he discovered damage to the front quarter on the drivers side that he believes occurred while parked on Thurston Rd sometime last night. MV#1 was parked in a driveway overnight and owner states the damage must of occurred prior to that. Owner suspects a small dump truck parked in the driveway at #19 Thurston Rd yesterday at 1PM and gone at 9PM may be responsible for the damage to his MV. I went to the residence at #19 Thurston Rd and there was no dump truck parked on or around the property and no one home at that time. I left my information for the owner of the dump truck to contact me. To be further investigated.

Update on 1/6/20:

(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

