

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/09/2020		Time of Crash 09:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 _____				SOUTH 333 NAHANTON ST 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 _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 1		2 1		3		3 1 Vehicle 1 0 #Occupants Hit/Run Moped Case Number 200000037						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE INS				Reg # 362C90 Reg Type PAN Reg State MA Veh Year 2020 Veh Make ACURA Veh Config. 2 20 Owner MAGIER EUGENE Address 35 BRANDEIS RD City NEWTON CENTER State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 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 1 Vehicle Travel Direction: [N][X][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 _____				13 2 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 Operator Operator Operator								13	
7 1 Please Select One of the Following: 1 Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped				8 1 License # --- St MA DOB/Age --- Sex _____ Lic. Class [99][18][18] Lic. Restrictions [9] CDL _____ Operator UNKNOWN UNKNOWN Address 123 City UNK State MA Zip 02133 Insurance Company UNKNOWN Vehicle Travel Direction: [N][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 _____ Reg # UNK Reg Type UNK Reg State XX Veh Year UN Veh Make UNK Veh Config. 97 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								13	
8 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 Operator/Non-Motorist See Above Operator/Non-Motorist Operator/Non-Motorist Operator/Non-Motorist												13	

Crash Narrative:

had "Toyota" on it and the following partial numbers "KOITO - 48-5 SAE EAP2 96"

I canvassed the area and observed camera in the possible area of the crash. I went to the JCC and met with Director of facilities Brian Morris 617-558-6552.

We observed some video in that area that may be visible if the vehicle goes against the building to park. Mr Morris is going to watch the video to see if there is a vehicle within the time frame and can observe the crash. He will contact NPD of his findings.

I advised the owner of the process. I then left without further incident.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ROCCO D MARINI		13963	NEWTON POLICE DEPT		01/09/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					