

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/23/2020		Time of Crash 18:50 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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				WEST 1203 WALNUT ST		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Route# Intersecting Roadway/Street SICHUAN GOURMET HOUSE						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						4	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000089						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # UNKNOWN' Reg Type UNKNOWN Reg State UM Veh Year UNK Veh Make UNK Veh Config. 20 Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 99 22 22 22 22 2 3 4 Most Harmful Event 99 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 ----- - - - - - 								13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												1	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BALGOBIN NADIRA Last First Middle Address 11 WINCHESTER PLAZA City NEWTON State MA Zip 02461 Insurance Company NONE				Reg # RBW107 Reg Type PASSENGER Reg State CO Veh Year 2018 Veh Make TOYT Veh Config. 1 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N								8	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 ----- - - - - - 									

Crash Narrative:

On Thursday, January 23rd 2020 at 1850 hours, I responded to a past hit and run on Walnut St across from 1203 Walnut St. Reporting Party Nadira Balgobin stated she was driving west on Walnut St when a vehicle merged off the Rt 9 ramp and collided with her vehicle while they were trying to merge onto her lane. The vehicle collided with the right side of her vehicle leaving fresh paint damage across the right side of her vehicle. The vehicle continued driving after Nadira pulled over to the side of the road. Nadira was unable to get a description of the vehicle other than it being green in color. There were no injuries. Nadira is the registered owner of CO Reg # RBW107, 2018 TOYT RAV COLOR MAROON.

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

NICHOLAS JAMES GAMBLE			NEWTON POLICE DEPT.		01/23/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					