

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/28/2020	Time of Crash 15:50 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:					
<div><div>SOUTH</div><div>CALIFORNIA ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>CRAFTS ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000198			
License # --- St MA DOB/Age ---			Reg # 55ZZ99		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make FORD		Veh Config. 1 20			
Operator MACNEILL KERRIANN Last First Middle			Owner (Same as operator)		First Middle					
Address 25 HARTSHORN PL			Address		First Middle					
City WALPOLE State MA Zip 02081			City		State Zip					
Insurance Company QUINCY MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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		-----		--- --- 99 4 4 0 0 10 1			
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			
License # --- St MA DOB/Age ---			Reg # 7CD381		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014		Veh Make HONDA		Veh Config. 1 20			
Operator MCALPINE DANIELLE Last First Middle			Owner (Same as operator)		Last First Middle					
Address 7 POMEROY ST			Address		First Middle					
City ALLSTON State MA Zip 02134			City		State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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		-----		--- --- 99 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

California St

P.O.I.

STOP

Crafts 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:

Operator of MV1 came into the front desk of NPD HQ to report an past hit and run accident that occurred at 15:50 at the intersection of California and Crafts Street. Operator of MV1 stated she was travelling southbound on California Street and was stopped at the stop sign waiting to turn right onto Crafts Street. She was rear ended by the operator of MV2. Operator of MV1 got out of her vehicle, observed minor damages to her rear bumper and asked Operator of MV2 for her license and registration information to exchange info. Operator of MV2 said "you are fine, I am not giving you my information and I'm leaving now." Operator of MV1 was able to take photos of MV2's license plate. I left a voicemail for Operator of MV2 to call me back in regards to the accident. I have yet to hear from her. Both vehicles had very minor damage and neither party was injured.

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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

LAUREN MARIE KEEFE

NEWTON POLICE DEPT.

02/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

Traffic Bureau update (Officer Gaudet): On Wednesday, March 4, 2020, I attempted to contact the registered owner of MV2 with a negative result. A Hit and Run inquiry was mailed to the registered owner of MV2, Danielle Mcalpine (S64767445)

On Wednesday, March 11, 2020, I made contact with Mcalpine. Mcalpine stated MV1 was in front of her in traffic. Mcalpine stated both cars were inching up from stop and MV1 slammed on her brakes. Mcalpine stated she did not believe the vehicles made contact. Mcalpine stated the operator of MV1 got out of her car and yelled at her. Mcalpine stated she saw no damage to either car. Mcalpine stated MV1 got really aggressive and kept yelling at her. Mcalpine stated she provided her license plate to MV1 and left the area. Mcalpine

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

LAUREN MARIE KEEFE			NEWTON POLICE DEPARTA		02/28/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

stated her insurance company is aware of the incident.

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 _____

35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

36

Cargo Body Type Code

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placard

Material 1 digit #

Material Name_____

Material 4 digit #

Release code

42

LAUREN MARIE KEEFE

NEWTON POLICE DEPARTMENT

02/28/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____