Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
03/04/2020	19:49 24HR	NEWTON	1	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street
NORTH | 314 | ELLIOT ST

Feet [N S E W] of — — — • — Mile Marker or _____ Exit Number
Feet [N S E W] of Route# Intersecting Roadway/Street
Feet [N S E W] of Landmark

1 4 — 2 1 — 2 9 — 2 10 — 4 11

3 — ☒ Vehicle 1 — 1 #Occupants — ☒ Hit/Run — ☐ Moped — Case Number: 2000000213

Vehicle 1

License # --- St MA DOB/Age -- -- ----
Reg # 1572VN Reg Type PAN Reg State PA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ____ Endorsment
Veh Year 2014 Veh Make VOLKSWAGON Veh Config. 1 20

4 1 — Operator TUSLER (Last) CORYDON (First) M (Middle)
Address 778 WORESTER RD
City WELLESLEY State MA Zip 02482
Insurance Company METROPOLITAN PROPERTY & CASUALTY INS

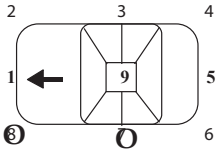
Owner (Same as operator) (Last First Middle)
Address
City State Zip

1 12

5 2 — Vehicle Travel Direction: [X] S E W — Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec — Violation 2: Ch Sec
6 1 — Violation 3: Ch Sec — Violation 4: Ch Sec

Vehicle Action Prior to Crash 21: 11
Event Sequence 22: 1 | 22 | 22 | 22 | 22
Most Harmful Event 23: 1
Driver Contributing Code 24: 1 | 24
Underride/Override 25: Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

1 13

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	- - - - - - - -	- - -	- - -						10	1	

7 1 — Please Select One of the Following: ☐ Vehicle ___# Occupants — ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 — ☐ Hit/Run — ☐ Moped

Vehicle 2

License # St DOB/Age
Reg # Reg Type Reg State
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL ____ Endorsment
Veh Year Veh Make Veh Config. 20

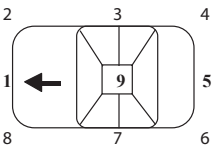
8 1 — Operator (Last First Middle)
Address
City State Zip
Insurance Company

Owner (Last First Middle)
Address
City State Zip

Vehicle Travel Direction: [N S E W] — Responding to Emergency?
Citation # (If Issued)
Violation 1: Ch Sec — Violation 2: Ch Sec
Violation 3: Ch Sec — Violation 4: Ch Sec

Vehicle Action Prior to Crash 21
Event Sequence 22: 22 | 22 | 22 | 22
Most Harmful Event 23
Driver Contributing Code 24: 24
Underride/Override 25: Towed

Damaged Area Code: (Circle Up to Three)



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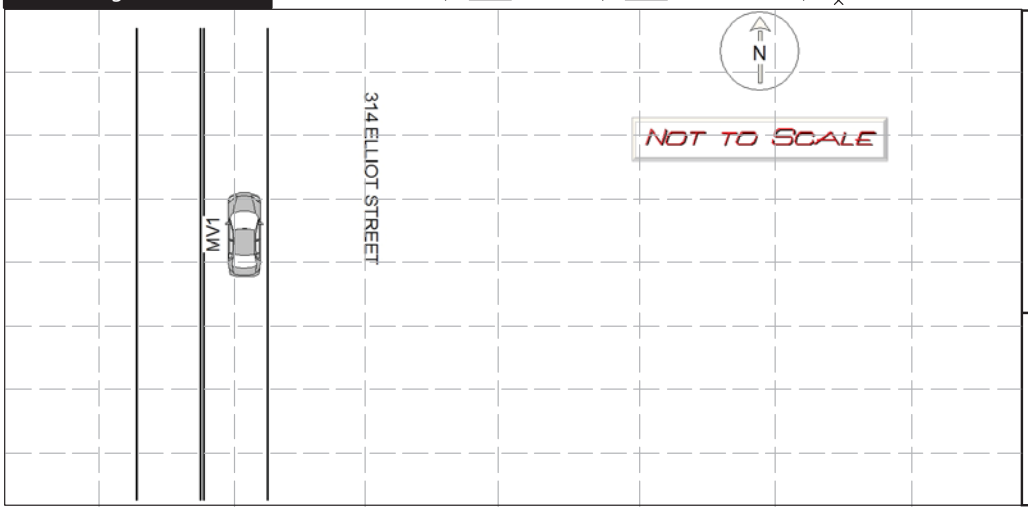
Please fill out for operator and all occupants involved

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 Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

Owner and operator of MV1 stated he parked his vehicle in front of 314 Elliot St. at approximately 1845 hrs and when he returned to his vehicle at approximately 1945 hrs he noticed his drivers side mirror to be damaged along with his drivers side door window cracked. It should be noted I observed the mirror to be damaged with parts in the roadway. I also observed parts from another vehicle which were gray in color. Owner and operator stated he was at Dunn-Gaherin's food and spirits located at 344 Elliot St. during the period he parked his vehicle. Minor damage sustained to drivers side mirror and drivers side door window due to impact.

No injuries.

No registration plate or make and model of the vehicle that damaged MV1 could be provided.

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 [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]

JUSTIN MARCH		NEWTON POLICE DEPARTM			03/04/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00