

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/23/2020		Time of Crash 15:42 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 _____				NORTH 167 PARMENTER RD 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 _____				20 _____ Feet [N][X][E][W] of _____ _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11			
97												99			
3												1			
1															
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input checked="" type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 200000303			
License # _____ St _____ DOB/Age _____				Reg # 4520NG				Reg Type PAN				Reg State MA			
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____				Veh Year 1994				Veh Make TOYOTA				Veh Config. [1] 20			
Operator _____ Last _____ First _____ Middle _____				Owner COLLINS CAROLYN				Last _____ First _____ Middle _____							
Address _____				Address 4404 PEACEFORD GLEN DR				Last _____ First _____ Middle _____							
City _____ State _____ Zip _____				City HIGH POINT				State NC				Zip 27265			
Insurance Company COMMERCE				Vehicle Action Prior to Crash [11] 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N				Event Sequence [1] 22 [22] 22 [22] 22				2 3 4							
Citation # (If Issued) _____				Most Harmful Event [1] 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code [24] 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override [25] 25 Towed N				6							
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															
7												13			
1												1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants				<input type="checkbox"/> Non-Motorist A Type [14] Action [15] Location [16] Condition [17]				<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # _____ St _____ DOB/Age _____				Reg # UNK				Reg Type UNK				Reg State YT			
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____				Veh Year UNK				Veh Make UNK				Veh Config. [97] 20			
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 [99] 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N				Event Sequence [1] 22 [22] 22 [22] 22				2 3 4							
Citation # (If Issued) _____				Most Harmful Event [1] 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code [97] 24 [24] 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override [25] 25 Towed N				6							
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:

167 Parmenter Rd

P.O.I. P.O.I.

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:

On Saturday, May 23rd at approximately 1540 hours, I responded to 167 Parmenter Rd for a hit & run accident.

Reporting person Bradley Bankman stated his daughter in law's vehicle has been parked out in front of his house since last night. This afternoon he noticed fresh damage to the front left end of the vehicle. I observed the vehicle (Mass Reg # 4520NG, 1994 Toyota Coroll Blue) parked in front of the house with a dent on the left front end of the vehicle. Bradley stated he doesn't know which vehicle caused the damage. There are no cameras and no one witnessed the hit & run.

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

NICHOLAS JAMES GAMBLE NEWTON POLICE DEPT 05/23/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00