

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/25/2020	Time of Crash 11:04 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 55 PINE GROVE AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000344		
License # St DOB/Age			Reg # 24D110 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2013 Veh Make HONDA Veh Config. 1 20		
Operator Last First Middle			Owner HALL COLLEEN Last First Middle			Address 85 (apt. 2) WARREN AVE			City MARLBOROUGH State MA Zip 01752		
Insurance Company			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			10 Undercarriage			11 Totaled			12		
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						13 2		
Operator See Above											
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # St DOB/Age			Reg # Reg Type UNK Reg State			Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment UNKNOWN			Veh Year UNKN Veh Make UNK Veh Config. 20		
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator) Last First Middle			Address			City State Zip		
Insurance Company UNK			Vehicle Action Prior to Crash 99 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
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Operator/Non-Motorist See Above											

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

**NOT TO SCALE**

**Crash Narrative:**

On 6/25/2020 at approx 1104hrs while assigned to 497 I responded to 55 Pine Grove Av for a report of a past hit and run. Upon arrival I met with the owner of Ma Reg 24D110 , Colleen Hall who stated she had come to visit her boyfriend Brad Mayer who lives at 55 Pine Grove Ave on 6/24/2020 at approx 2200hrs and parked in the street in front of the residence. Upon returning to her car today at approx 1000hrs she discovered the damage. Her vehicle a white 2013 Honda Accord had scuff marks down the rear left quarter and several of the plastic clips holding the bumper in place appeared to be broken, the rear left lens cover was chipped.

**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