

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/27/2020		Time of Crash 17:52 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:						9		
SOUTH LEXINGTON ST										2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10				
At				Feet N S E W of _____ or _____										
WEST WOLCOTT ST				Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11				
Also at Intersection with				Route# Intersecting Roadway/Street						4				
Route# Direction Name of Intersecting Roadway/Street				Landmark										
3 99		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000408						
License # --- St MA DOB/Age ---				Reg # 1ZDP33 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 20										
Operator MULLIN JONATHAN				Owner (Same as operator)								12		
Address 1461 PAWTUCKET BLVD (apt. D1)				Address _____										
City LOWELL State MA Zip 01854				City _____ State _____ Zip _____										
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 99 22 22 22				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved												13		
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				1		
Operator See Above				-----				99 4 99 0 0 10 1						
7 3		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		
License # _____ St _____ DOB/Age _____				Reg # UNK Reg Type _____ Reg State MA										
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make CHEVROLET Veh Config. 2 20										
Operator _____				Owner _____										
Address _____				Address _____										
City _____ State _____ Zip _____				City _____ State _____ Zip _____										
Insurance Company _____				Vehicle Action Prior to Crash 1 21				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				-----				-----						

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Lexington St

Unit 2

Unit 1

Wolcott St

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 #1 states that he was taking a left onto Lexington St from Wolcott St when his vehicle (vehicle #1), MA 1ZDP33, was hit by a white Chevrolet pickup with unknown plates. Operator #1 states that he had a green light but was able to swerve out of the way to minimize contact when the white truck ran the red light southbound on Lexington St. Damage is to the front right corner of vehicle #1. The white pickup did not stop. It turned right onto Commonwealth Ave towards Weston.

I spoke to witness Sean Murphy (508-661-9329) who heard the crash and observed the immediate aftermath of the pickup taking off. He provided a further description of a 2 door white Chevrolet pickup, early 00's model, occupied 2x, with the name Empire Concrete on the passenger side. I attempted to locate an Empire Concrete, however limited search results were available. A possible business address of 54 Forest St Mllford

(Continued on next page)

**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

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

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:

was found and I had Milford PD respond to the address to look for the pickup. It was not there, and I was informed that the address itself is an apartment complex. It should be noted that there is no phone number or website for an Empire Concrete out of MA, although there are several other businesses that have the word Empire in the company name.

The camera facing Lexington St at Gregorio Jewelers (corner of River and Lexington) did not yield any matching results for the appropriate time frame. Starbucks (corner of Commonwealth and Lexington) doesn't have outdoor surveillance equipment.

Vehicle #1 did not need to be towed and no medical attention was requested by the operator. He was advised that if I am able to obtain further information or verify the company, I will contact him.

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

07/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

