

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																		
Date of Crash 08/05/2020	Time of Crash 13:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																																				
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 277 AUBURN ST</div> <div>210Route# 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>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000426																																																																		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City State Zip Insurance Company AMICA			Reg # 232XE4 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HYUN Veh Config. 20 Owner JOHNSON CHARLES M Address 56 PLEASANT ST City GRANBY State MA Zip 01033 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																																																																						
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License # St MA DOB/Age Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ROCHE KRISTIN LEIGH Address 10 WOODBINE ROAD (apt. 3) City NATICK State MA Zip 01760 Insurance Company SAFETY			Reg # 7JR813 Reg Type PAN Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 20 Owner ROCHE PETER T Address 17 SINGINGWOOD DRIVE City HAVERHILL State MA Zip 01830 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) T0115913 Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#277 Auburn Street

Unit 1

Unit 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

N

Crash Narrative:

Witness states that he observed MV#2 backing up in the parking area at #277 Auburn St when its rear bumper struck the passengers side rear quarter on MV#1. MV#2 then left the area without providing any information. MV#1 was parked and unoccupied at the time of the crash, though we did locate the owner in the area. MV#2 is described by the witness as Ma. Reg. 7JR813, a gold colored sedan. plate given and MV description don't match.

No injuries, no tows.

Traffic Bureau update (Officer Gaudet): I attempted to make contact with the registered owner of MV2, Peter Roche (S71322534), with a negative result. A Hit and Run inquiry was mailed to Mr. Roche.

(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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

08/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

On Monday, August 17, 2020, I spoke with Mr. Roche. Roche stated his daughter, Kristin Roach (S17075126), was operating his vehicle and she mentioned to him that she bumped into a car. Mr. Roche's information has been added to this report to reflect him as the registered owner of MV2.

I spoke with Kristin via telephone. Kristin stated she was parked in awkward spot in the parking lot of 277 Auburn Street. Kristin stated she reversed out of her parking spot and felt a little bump. Kristin stated she got out of her car and didn't see any damage to either vehicle. I asked Kristin if she made an attempt to locate the owner of the vehicle her vehicle crashed in to. Kristin's information has been added to this report to reflect her as the operator of MV2.

I spoke with Officer G. Claflin who stated there was obvious damage to MV1 at the time that he documented

(Continued on next page)

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

GEORGE M CLAFLIN			NEWTON POLICE DEPT		08/05/2020
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:

this crash. After completing my investigation, Ms. Roche will be cited for Chapter 90, Section 24 (Leaving the Scene of Property Damage). Massachusetts Uniform Citation T0115913 will be mailed to Ms. Roche.

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 _____

Hazmat Information:

Placa

Material 1 digit #

Material Name_____

Material 4 digit #

Release code

42

GEORGE M CLAFLIN

NEWTON POLICE DEPARTMENT

08/05/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____