

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/09/2020		Time of Crash 23:57 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				
NORTH HERRICK RD												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ or _____												
WEST BRAELAND AVE				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												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000439										
License # --- St MA DOB/Age ---				Reg # 2LGY21 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make HONDA Veh Config. 1 20												
Operator BOLDUC ALEXANDER M				Owner (Same as operator)								12				
Address 14 ELIOT PLACE				Address _____												
City NEWTON State MA Zip 02464				City _____ State _____ Zip _____												
Insurance Company USAA				Vehicle Action Prior to Crash 3 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				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6 7 8 9 10 11 12 13								
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	
Operator				See Above		-----	---	---	99	4	99	0	0	10	1	NONE
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 # XXXXXX Reg Type XXX Reg State XX												
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year XXXX Veh Make XXX Veh Config. 1 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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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:

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 August 9, 2020 at approx. 2357 hours, I responded to the area of Herrick Rd and Braeland Ave for a report of a hit and run that had just occurred. Rp reported being struck by a black Subaru Outback.

MV1 operator states he was travelling WB on Braeland Ave came to a stop at the stop sign and then proceeded to take a right hand turn onto Herrick Rd. As MV1 was mid turn, MV2 travelling NB on Herrick Rd disregarded stop sign and struck MV1. MV2 then continued down Herrick Rd and took a right turn onto Union St. No injuries were reported on scene.

I observed damage to front left quarter panel of MV1. Multiple NPD units searched the area for the suspect vehicle with negative results. a BOLO for the suspect vehicle was sent to the state police.

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

JAMES M CROWE **NEWTON POLICE DEPT** **08/10/2020**

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

CDP1 11 -24:00