

## Commonwealth of Massachusetts

| Police Use Only   |                                |                     | Commonwealth of Massachusetts   |  |  |  | RMV Document Number         |                     |   |  |  |
|---|--------------------------------|---------------------|---|--|--|--|-----------------------------|---------------------|---|--|--|
| Date of Crash<br>08/25/2020   | Time of Crash<br>12:45<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>  |  |  |  | Number Vehicles<br>2        | Number Injured<br>0 | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____      | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| <b>AT INTERSECTION:</b>   |                                |                     | <b>&lt; LOCATION &gt;</b>   |  |  |  | <b>NOT AT INTERSECTION:</b> |                     |   |  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |                                |                     | EAST 2014 WASHINGTON ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____ |  |  |  | 2 9                         |                     |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____   |                                |                     | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____   |  |  |  | 2 10                        |                     |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |                                |                     | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____   |  |  |  | 11 4                        |                     |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 3 #Occupants  |                                |                     | <input checked="" type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped   |                             |                     | Case Number 200000475   |  |  |
| License # _____ St MA DOB/Age _____   |                                |                     | Reg # 7701  |  |  | Reg Type AMN   |                             |                     | Reg State MA  |  |  |
| Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____  |                                |                     | Veh Year 2019   |  |  | Veh Make FORD  |                             |                     | Veh Config. 13 20   |  |  |
| Operator KING ALBERT  |                                |                     | Owner TOWN OF WALPOLE   |  |  | First _____ Middle _____   |                             |                     | 12 1  |  |  |
| Address 20 STONE ST   |                                |                     | Address 20 STONE ST   |  |  | First _____ Middle _____   |                             |                     |   |  |  |
| City WALPOLE State MA Zip 02081   |                                |                     | City WALPOLE State MA Zip 02081   |  |  | Vehicle Action Prior to Crash 1 21   |                             |                     | Damaged Area Code: (Circle Up to Three)                         |  |  |
| Insurance Company TOWN OF WALPOLE   |                                |                     | Event Sequence 1 22 22 22 22  |  |  | Most Harmful Event 1 23  |                             |                     | Driver Contributing Code 1 24 24                                |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N |                                |                     | Underride/Override 25 Towed N   |  |  | 8 7 6  |                             |                     | 10 Undercarriage<br>5 11 Totaled                                |  |  |
| Citation # (If Issued) _____  |                                |                     | 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   |  |  | Operator See Above   |                             |                     | 13 1  |  |  |
| MULFORD, BRIAN  |                                |                     | 20 STONE ST<br>WALPOLE, MA 02081  |  |  | --- --- M 97 99 5  |                             |                     | 0 0 10 1  |  |  |
| GALLIVAN, JAMES   |                                |                     | 20 STONE ST<br>WALPOLE, MA 02081  |  |  | --- --- M 97 99 5  |                             |                     | 0 0 10 1  |  |  |
| 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |  |  |
| License # _____ St _____ DOB/Age _____  |                                |                     | Reg # _____   |  |  | Reg Type UNKNOWN   |                             |                     | Reg State _____   |  |  |
| Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____  |                                |                     | Veh Year UNKN   |  |  | Veh Make TOYT  |                             |                     | Veh Config. 1 20  |  |  |
| Operator UNKNOWN UNKNOWN UNKNOWN  |                                |                     | Owner (Same as operator)  |  |  | First _____ Middle _____   |                             |                     |   |  |  |
| Address UNK UNK   |                                |                     | Address _____   |  |  | First _____ Middle _____   |                             |                     |   |  |  |
| City UNK State XX Zip UNK   |                                |                     | City _____ State _____ Zip _____  |  |  | Vehicle Action Prior to Crash 5 21   |                             |                     | Damaged Area Code: (Circle Up to Three)                         |  |  |
| Insurance Company UNKNOWN   |                                |                     | Event Sequence 1 22 22 22 22  |  |  | Most Harmful Event 1 23  |                             |                     | Driver Contributing Code 97 24 24                               |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N |                                |                     | Underride/Override 25 Towed N   |  |  | 8 7 6  |                             |                     | 10 Undercarriage<br>5 11 Totaled                                |  |  |
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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  |                             |                     | 13 1  |  |  |
|   |                                |                     |   |  |  | --- --- 99 4   |                             |                     | 0 0 10 1  |  |  |
|   |                                |                     |   |  |  |  |                             |                     |   |  |  |
|   |                                |                     |   |  |  |  |                             |                     |   |  |  |

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

7701

unknown

**NOT TO SCALE**

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On 8/25/2020 at approx 1245hrs while assigned to 497 I responded to NWH emergency ambulance entrance for a report of a past hit and run reported by Walpole Fire Dept personnel. Upon arrival I met with Firefighter Albert KING who stated he was travelling E/B on Washington St towards NWH with a patient and 2 other Firefighters on board when a black Toyota Prius being operated by a Asian female bumped into his front passenger side. FF KING stated he tried to communicate with the women to pull into the hospital and meet him at the ER but upon turning she continued straight on Washington St. KING stated he did not get a license plate number. Minor paint transfer to front passenger side as well as damage to front passenger wheel guard. Patient information not included for privacy, see Walpole Fire dept trip sheet if needed.

**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