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|---|--------------------------------|---------------------|--|--|--------------------------------|----------------------|------------------------|---|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
| Date of Crash 09/05/2020 | Time of Crash 12:07 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 1 | Number Injured 1 | Speed Limit 10 Latitude Longitude | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | |
| EAST ALBEMARLE RD Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number | | | | | | | |
| SOUTH CRAFTS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2000000499 | | | |
| License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | Reg # UNK Reg Type PAN Reg State MA Veh Year UNK Veh Make UNK Veh Config. 1 20 | | | | | | | |
| Operator Last First Middle Address City State Zip Insurance Company | | | Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 | | | | | | | |
| Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec | | | Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | |
| Operator See Above | | | | | | | | | | |
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| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 | | | | | | | |
| Operator BIJU ROHAN Last First Middle Address 608 WATERTOWN ST | | | Owner Last First Middle Address City State Zip | | | | | | | |
| City NEWTON State MA Zip 02460 | | | City State Zip | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | Event Sequence 22 22 22 22 2 Most Harmful Event 23 | | | | | | | |
| Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec | | | Driver Contributing Code 24 24 Underride/Override 25 Towed | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | |
| Operator/Non-Motorist See Above | | | 9 2 NEWTON WELLESLEY | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

210 albemarle rd

craft st

NOT TO SCALE

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 9-5-20 AT APPROX. 1207HRS. WHILE WORKING N492 I TOOK A REPORT FOR PEDESTRIAN HIT AND RUN. UPON ARRIVAL AT 608 WATERTOWN ST. I SPOKE TO THE VICTIM (ROHAN BIJU) WITH HIS FATHER (BIJU MOHAN) PRESENT.

VICTIM STATES HE WAS JOGGING S-BOUND ON CRAFTS ST. WHILE CROSSING ALBEMARLE RD. HE AS IN THE CROSSWALK. AT THIS POINT HE WAS HIT ON HIS RIGHT SIDE BY AN UNKNOWN MOTOR VEHICLE. VICTIM BELIEVES IT WAS POSSIBLY AN OLDER CHRYSLER OR PT CRUISER. VICTIM DID NOT GET A PLATE NOR REMEMBER THE COLOR OF THE VEHICLE. VICTIM STATES HE GOT TO HIS FEET AND WALKED HOME. AT HOME HE TOLD HIS FATHER WHAT HAD HAPPENED. FIRE AND MEDICS RESPONDED TO 608 WATERTOWN AND TRANSPORTED THE VICTIM TO NEWTON WELLESLEY HOSPITAL FOR TREATMENT. VICTIM HAD CUTS ON BRUISES ON HIS LEFT SIDE. VICTIM STATE THE HIT AND RUN OCCURRED AROUND 1130HRS. DESPITE THE TIME DELAY, I CANVASED THE AREA FOR A VEHICLE OR POSSIBLE WITNESSES WITH NEGATIVE RESULTS. VICTIM WAS TRANSPORTED BY

(Continued on next page)

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
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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

THOMAS P WALSH

NEWTON POLICE DEPART

09/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date

→ 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:

MEDIC2. HIS FATHER WAS ONBOARD. CLEARED WITHOUT FURTHER INCIDENT.

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|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

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