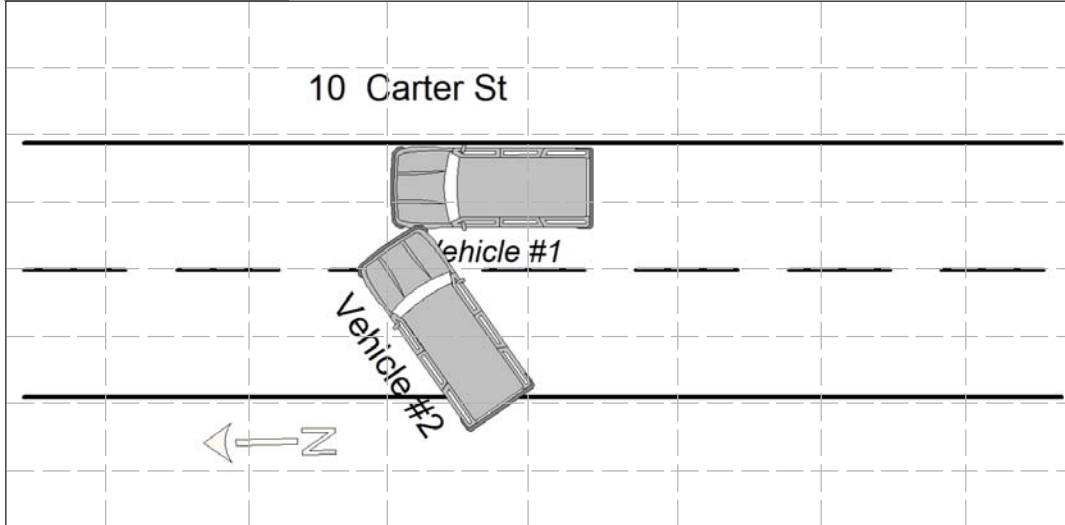


Police Use Only			Commonwealth of Massachusetts										RMV Document Number							
Date of Crash 09/11/2020		Time of Crash 09:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2		Number Injured 0		Speed Limit 20 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:												
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						SOUTH 10 CARTER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark														
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000510												
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator Last First Middle Address City State Zip Insurance Company USAA Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 7RXG80 Reg Type PAN Reg State MA Veh Year 2001 Veh Make SUBARU Veh Config. 20 Owner NICASTRO ROBERT Address 295 PARK ST City WEST ROXBARY State MA Zip 02132 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 N 10 Undercarriage 11 Totaled														
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility														
Operator See Above						Operator See Above														
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator Last First Middle Address City State Zip Insurance Company Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # UNKOWN Reg Type Reg State MA Veh Year Veh Make UKOWN Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled														
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility														
Operator/Non-Motorist See Above						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:

Owner of vehicle #1 Stated his vehicle was parked overnight in a legal parking spot in front of 10 Carter St.
 MV #1 was struck by an unknwn vehicle sometime between 1830 hrs the previous evening and 0900 hrs.

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 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

DANIEL NARDELLI

NEWTON POLICE DEPART

09/11/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Block

Date