

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/01/2020	Time of Crash 17:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u> 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:			
16 WEST WASHINGTON ST										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000572	
License # --- St FL DOB/Age ---			Reg # DVM1432 Reg Type PAS Reg State MI			Veh Year 2020 Veh Make TOYOTA Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020 Veh Make TOYOTA Veh Config. 2			Owner EAN HOLDINGS LLC			Address 14002 (apt. 1500) EAST 21ST ST	
Operator KATZ MELVIN M			Owner EAN HOLDINGS LLC			Address 14002 (apt. 1500) EAST 21ST ST			City TULSA State OK Zip 74134	
Address 2275 S OCEAN BLVD (apt. 203)			City TULSA State OK Zip 74134			Vehicle Action Prior to Crash 8 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 99 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 Y			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										
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 Reg State			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year Veh Make Veh Config. 20			Owner			Address	
Operator Last First Middle			Owner Last First Middle			Address			City State Zip	
Address			City State Zip			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____			Underride/Override 25 Towed _____			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/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:**

I responded to the intersection of Washington St@Quinobequin rd for a report of an MVA Hit &Run. I arrived on location and pulled behind Michigan Reg. DVM1432; 2020 Toyota/Highlander color black (Enterprise Rental). The vehicle operator was identified as Katz, Melvin.

Mr Katz stated he was making a U-turn from the Westbound side of Washington St. He was struck from behind by another vehicle which kept going. The only description he could provide of the other vehicle was a red sedan, nothing additional. The vehicle Mr. Katz was operating sustained rear drivers side damage. The rear tire appeared to have a broken axle. The vehicle required towing and was picked up by Tody's towing.

Mr Katz was not injured as a result of the collision.

**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

DANIEL S SULLIVAN			NEWTON POLICE DEPART	10/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks
CDP1 11 -24:00				Date