

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/03/2020	Time of Crash 16:36 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
Route# Direction Name of Roadway/Street At			WEST 159 CHARLESBANK RD 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				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street				Route# Direction Name of Intersecting Roadway/Street				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000574		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>J9663</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2009</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u>		
Operator <u>GRIFFIN</u> <u>ANNE</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address _____			Address _____		
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>			City _____ State _____ Zip _____			Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>2</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
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 ----- --- 99 4 99 0 0 10 1			Operator See Above ----- --- 99 4 99 0 0 10 1			Operator See Above ----- --- 99 4 99 0 0 10 1		
Operator			Operator			Operator			Operator		
Operator			Operator			Operator			Operator		
Operator			Operator			Operator			Operator		
Operator			Operator			Operator			Operator		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year _____ Veh Make <u>UNKNOWN</u> Veh Config. <u>20</u>		
Operator <u>UNKNOWN</u> <u>UNKNOWN</u> <u>UNKNOWN</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address _____			Address _____		
City <u>UNK</u> State <u>XX</u> Zip <u>UNK</u>			City _____ State _____ Zip _____			Insurance Company <u>UNKNOWN</u>			Vehicle Action Prior to Crash <u>10</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>2</u> <u>23</u>			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>		
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Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist		
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Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist		
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist		

→ 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

→ N →

NOT TO SCALE

Crash Narrative:

On 10/3/2020, I responded to 159a Charlesbank Rd. for a past motor vehicle hit and run. Upon arrival, I spoke with the registered owner of MV#1 whom stated, her vehicle had been parked in the driveway of 159 Charlesbank Rd. from 9/27/2020 through 9/30/2020. On 9/30/2020 she noticed damage to the front driver side bumper, damage to driver side door and a scratch on driver side front end.

Several home health aides rotate taking care of the homeowner of 159 Charlesbank Rd, one in particular was working during the day on 9/30/2020. I have made a concerted effort to obtain such individual's name and phone number, however I still do not have that information at this time.

No witness's or surveillance cameras in the area of 159 Charlesbank Rd.

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 SOHN NEWTON POLICE DEPARTM 10/03/2020

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

CDP1 11 -24:00