

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/24/2020	Time of Crash 15:21 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:				
EAST Route# Direction Name of Roadway/Street At NORTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000672		
License # --- St MA DOB/Age ---			Reg # 7ZG343 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2007 Veh Make KIA Veh Config. 1 20		
Operator ZIEGLER HERBERT Last First Middle			Owner (Same as operator) Last First Middle			Address 2 HANCOCK PL			Address		
City CAMBRIDGE State MA Zip 02139			City State Zip			Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4			Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N 8 9 6 7 11 Totaled		
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			1		
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 ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL --- Veh Year --- Veh Make --- Veh Config. 20			Operator --- Last First Middle Owner --- Last First Middle		
Address --- City --- State --- Zip --- Insurance Company ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ---			Event Sequence 22 22 22 22 2 3 4		
Citation # (If Issued) ---			Most Harmful Event 23			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed ---			10 Undercarriage			11 Totaled		
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			1		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Park St

Unit 1

P.O.I.

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:

MV 1 was traveling straight Eastbound through a green light at the intersection of Washington St and Park St. At this time MV 2 entered the intersection and struck the front end of MV 1 decapitating the bumper. MV 1 stopped at the point of impact. The operator of MV 1 stated MV 2 continued traveling Northbound towards the direction of Watertown. MV 2's vehicle description was a white work van with some lettering on the side. The operator of MV 1 was unable to provide any plate information or what lettering was on the side of the van. The bumper was stored in the rear of MV 1 and the vehicle was driven away by the operator. MV 2 was traveling North on Park St and entered the intersection of Park St and Washington St. At this time MV 2 struck the front end of MV 1 and continued driving East towards Watertown.

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

DONALD MURPHY **NEWTON POLICE DEPARTMENT** **11/24/2020**

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

CDP1 11 -24-00