

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 12/02/2020	Time of Crash 13:39 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 103 COURT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____				Route# Direction Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Landmark			
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000692	
License # --- St MA DOB/Age ---			Reg # 7ZS276 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make FORD Veh Config. 1 20	
Operator FILIPPELLI MICHELLE BEATRIZ			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 14 COLONIAL AVE			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 99 24 24	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled	
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			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20	
Operator _____			Owner _____			Address _____			City _____ State _____ Zip _____	
Address _____			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)	
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Operator/Non-Motorist See Above			-----							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian  
 ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

103 Court St

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

**Crash Narrative:**

The owner of MV1 (MA Reg: 7ZS276) stated that she parked her vehicle on Court St at 0900 and when she returned at 1400hrs she noticed fresh damage. I observed minor damage to the drivers side front door and fender. There were no witnesses to the hit and run. I canvassed the area with negative results. Court St is a one way going east. MV1 was parked legally on the side of the road.

**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