

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/10/2020		Time of Crash 16:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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:						9	
Route# Direction Name of Roadway/Street At				NORTH 44 HARRINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000724						3	
License # --- St XX DOB/Age ---				Reg # 2TS578 Reg Type PAN Reg State MA				Veh Year 2006 Veh Make HONDA Veh Config. 1 20				7	
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment				Owner COHEN MICHAEL B				Address 1019 WASHINGTON ST				12	
Operator UNKNOWN UNKNOWN Last First Middle				City NEWTON State MA Zip 02465				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				13	
Address UNK UNK				Event Sequence 2 22 35 22 35 22 22				Most Harmful Event 2 23				2	
City UNK State XX Zip UNK				Driver Contributing Code 14 24 19 24				Underride/Override 25 Towed N				8	
Insurance Company COMMERCE				Citation # (If Issued)				Vehicle Travel Direction: N S X W Responding to Emergency? N				5	
Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				Citation # (If Issued)				6	
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				2	
COHEN, MICHAEL, B				1019 WASHINGTON ST NEWTON, MA 02465				M 6 99 99 99 99 99 99 1					
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 ---				Reg # 5DP781 Reg Type PAN Reg State MA				Veh Year 2016 Veh Make JEEP Veh Config. 2 20				8	
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Owner GETCHELL JENNIFER				Address 44 HARRINGTON ST				99	
Operator Last First Middle				City NEWTONVILLE State MA Zip 02460				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)					
Address				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23					
City State Zip				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N					
Insurance Company AMICA				Citation # (If Issued)				Vehicle Travel Direction: N S E W Responding to Emergency? N					
Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				Citation # (If Issued)					
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:

Shed
 P.O.I. MV1
 P.O.I. MV2
 44 Harrington St
 NOT TO SCALE
 N
 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:

MV1 struck MV2, the side of 44 Harrington St, and a shed. The owner of MV2 further stated that they observed the owner of MV1 was in the passenger seat of MV1 and identified the operator as "Bob." "Bob" stated he had to get to an appointment and fled the scene.

MV2 sustained minor damage and the homeowner was notified of the damage to his residence. (See report #20055388 for more info).

I contacted the owner of MV1 who stated he was at the Brigham & Womens Hospital in Boston. The owner stated that his home health care aid "Joe" was operating the vehicle and when he returned home he would call with all of "Joe's" information. The owner of the vehicle further stated that he is paralyzed and cannot drive. This report has been forwarded to the Traffic Bureau for further investigation.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ROSENTHAL, SUSAN,	25 HARRINGTON ST NEWTON, MA 02465	-----	Y

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

GREGORY P HELMS

NEWTON POLICE DEPT

12/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date