

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/15/2020	Time of Crash 22:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police ☐ Local Police ☒ MBTA Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 68 DALBY ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____			Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Landmark				
☒ Vehicle 1 #Occupants			☒ Hit/Run			☐ Moped			Case Number 200000739	
License # --- St MA DOB/Age ---			Reg # 2EDS14 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				
Operator PIERRE STEFAN			Veh Year 2009 Veh Make NISSAN Veh Config. 1 20			Owner (Same as operator)				
Address 29 PUTNAM AVE (apt. 5)			Address _____			City _____ State _____ Zip _____				
Insurance Company GEICO GENERAL INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 99 22 22 22 22 2			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 2 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 99				
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: ☐ Vehicle #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ 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 _____				
Address _____			Owner _____			City _____ State _____ Zip _____				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 99				
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:

NOT TO SCALE

68 Dalby Street

Unit 1

Dalby Street

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 stated sometime over the course of 24 hours, his MV was struck on the passenger side of his vehicle, while it was parked in the driveway to his residence. The residence is a multi family home and the driveway is shared with the other units. Owner of MV1 stated he did not move it during this time. There was damage to the passenger side rear bumper and passenger door.

Owner of the MV stated he did not no who struck his vehicle.

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

SEAN STAKE

NEWTON POLICE DEPART

12/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date