

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/21/2020	Time of Crash 21:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 25 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:				
<div>WESTWASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTHHUNEWELLE AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet NSEW of</div> <div>Landmark</div>								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000764		
License # --- St MA DOB/Age ---			Reg # 6NP442 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make NISS Veh Config. 2					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner HERTZ CORP			Address 26933 NORTHWESTERN HWY					
Operator ROBLEY GARY			City WATERTOWN State MA Zip 02472			City SOUTHFIELD State MI Zip 48033					
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			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										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
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										1	
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner ---			Address ---					
Operator ---			City --- State --- Zip ---			City --- State --- Zip ---					
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St
Hubbard Rd
Hunnewell Ave
Unit 1
Unit 2
N
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:

Mv1 stated he was traveling westbound on Washington St when M2 was pulling out of Hunnewell ave. Mv1 stated he did not have enough time to stop and hit Mv2. Mv2 fled the scene. Mv1 did not obtain any information of Mv2 other than it was an orange car.

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