

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/31/2020		Time of Crash 19:44 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:						9	
Route# Direction Name of Roadway/Street At				EAST 2370 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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	
1 4		2 1		3		1 1		5		6 1		12	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		200000776					
License # --- St MA DOB/Age ---				Reg # GW647		Reg Type PAN		Reg State RI		20			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019		Veh Make DODGE		Veh Config. 2		20			
Operator EXILHOME JEAN-MARC				Owner EAN HOLDINGS LLC		Last First Middle		Address 14002 (apt. 1500) EAST 21ST ST		1			
Address 165 GARFIELD AVE				City TULSA		State OK		Zip 74134		13			
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y		1	
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1					
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		13	
Operator				See Above		-----		--- --- 99 4 99 0 0 10 1				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	
License # --- St DOB/Age ---				Reg # ---		Reg Type ---		Reg State ---		20			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year ---		Veh Make ---		Veh Config. ---		20			
Operator ---				Owner ---		Last First Middle		Address ---		1			
Address ---				City ---		State ---		Zip ---		13			
Insurance Company ---				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled					
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Operator/Non-Motorist				See Above		-----		--- ---				1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

NOT TO SCALE

Crash Narrative:

The operator of MV1 (RI GW647) stated he had been involved in an accident in the area of 2370 Commonwealth avenue sometime around 6pm. According to the operator he was struck by a "boxy Jeep" which caused heavy damage to the front end of his vehicle, and caused the hood to unlatch and crack the windshield. MV1 was inoperable as a result. The operator was unable to provide any further identifying information on the other vehicle. The operator requested a private tow, and was uninjured. He was provided this report number.

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

JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	12/31/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date