

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/04/2021	Time of Crash 12:32 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>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 32 CENTRAL TER</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000006					
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 4134TL Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBA Veh Config. 1 20									
Operator Last First Middle Address			Owner MURPHY MICHAEL Address 234 (apt. 2) HARRIS AVE									
City State Zip Insurance Company PLYMOUTH ROCK			City NEEDHAM State MA Zip 02492									
Vehicle Travel Direction: N S E W Responding to Emergency? N			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Citation # (If Issued)			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23									
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20									
Operator Last First Middle Address			Owner Last First Middle Address									
City State Zip Insurance Company			City State Zip									
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Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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

Crash Narrative:

Owner of vehicle 1 reports his vehicle was parked in front of #32 Central Terr and sometime between 1100 hours and 1215 hours his vehicle was struck on the driver side by another unknown vehicle. Vehicle owner states he saw a Waste Management vehicle come down the street earlier but did not see it strike his vehicle. He asked the operator of the garbage truck who denied striking the vehicle. There were no witnesses to the incident.

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

MICHAEL ANTHONY IAROSSO NEWTON POLICE DEPT 01/04/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00