

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/21/2021	Time of Crash 04:39 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:			
Route# Direction Name of Roadway/Street At			NORTH 438 LEXINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000030	
License # --- St MA DOB/Age ---			Reg # 8AH567 Reg Type PAN Reg State MA			Veh Year 2005 Veh Make JEEP Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005 Veh Make JEEP Veh Config. 2			Owner (Same as operator)				
Operator CROOK DYLAN			Owner (Same as operator)			Address				
Address 398 WOLCOTT ST			Address			City State Zip				
City ABURDALE State MA Zip 02466			City State Zip			Vehicle Action Prior to Crash 1 21				
Insurance Company LIBERTY MUTUAL INS			Event Sequence 10 22 10 22 21 22 22			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 21 23			10 Undercarriage				
Citation # (If Issued) T2080020			Driver Contributing Code 10 24 9 24			5 11 Totaled				
Violation 1: Ch 90/24 Sec Violation 2: Ch Sec			Underride/Override 25 Towed N			6				
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB				
Operator			See Above			99 4 4 0 0 10 1			NONE	
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 ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20			Owner				
Operator ---			Owner			Address				
Address			Address			City State Zip				
City --- State --- Zip ---			City State Zip			Vehicle Action Prior to Crash 21				
Insurance Company			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Most Harmful Event 23			10 Undercarriage				
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Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed ---			6				
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB				
Operator/Non-Motorist			See Above			26 27 28 29 30 31 32 33				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

450 Lexington St

Lexington St

Tree 1

Tree 2

Parking meters

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:

On 1/21/21 I was working N493 when I responded to the area 450 Lexington St for a report of damage to city property from an MVA. Upon arrival I observed a parking sign that had been broken in half, Parking Meters that had been ripped from the ground and completely smashed, and 1 MA reg plate 8AH567. The plate came back to 398 Wolcott St. where I spoke to Dylan Crook. Crook stated he had been driving MA reg 8ah567 when he crashed and then went home. Crook stated he was distracted and reaching down to get something when he went off the road. Crook was given Ma unifrom citation T2080020 for 90/24/C Leaving the scene of an accident with property damage, which was explained to him. The city responded to clean up debris. See incident report 21002985.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY, OF	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS		3	PARKING METERS
NEWTON, CITY, OF	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS		3	PARKING SIGN

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

BRIAN F CONLEY

NEWTON POLICE DEPART

01/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date