

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/25/2021		Time of Crash 13:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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				NORTH 33 BOYLSTON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								10	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								11 99	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000044						3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator RYAN TIM Address 999 MAIN ST (apt. 108) City PAWTUCKET State RI Zip 02860 Insurance Company NATIONAL GENERAL				Reg # 62477 Reg Type COM Reg State RI Veh Year 2015 Veh Make NISSAN Veh Config. 2 20 Owner KLEINFELDT RICHARD Address 20 LOCUST AVE City NORTH PROVIDENCE State RI Zip 02911 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility								13	
Operator See Above				99 4 99 0 0 10 1								2	
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped								7	
License # --- St XX DOB/Age --- Sex Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNK UNK Address UNK UNK City UNK State MA Zip UNK Insurance Company UNK				Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. 97 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N								8	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility								99	
Operator/Non-Motorist See Above				99 99 99 99 0 99 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

33 BOYLSTON ST

*NOT TO SCALE*

MV2

MV1

P.O.I.

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 Monday, 1/25/21, RYAN, Tim came to NPD headquarters to report a past hit and run. He stated his white 2015 Nissan work van, RI commercial reg 62477 (MV1), was struck by an unknown vehicle (MV2), while parked in the parking lot of 33 Boylston St. This occurred today at approximately 1330-1400 hrs, and the MV1 sustained a minor scratch and dent to the rear driver's side. RYAN stated there had been a white van next to him at the time he parked but was unable to provide any further information.

**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

KAYLA PATRICIA DONAHUE      NEWTON POLICE DEPT      01/25/2021

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

CDP1 11 -24:00