

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/30/2021	Time of Crash 13:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 0 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			EAST 624 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street SANTANDER BANK							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 210000068						
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 5FK747 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 20							
Operator Last First Middle Address			Owner BICA INA Address 25 (apt. 2) LOTHROP ST							
City State Zip Insurance Company GOVT EMPLOYEES			City BRIGHTON State MA Zip 02135							
Vehicle Travel Direction: N S X 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec 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 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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										
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type PAN Reg State MA Veh Year Veh Make UNKNOWN Veh Config. 1 20							
Operator Last First Middle Address			Owner Last First Middle Address							
City State Zip Insurance Company			City State Zip							
Vehicle Travel Direction: N S E W Responding to Emergency? N			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)							
Citation # (If Issued)			Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 97 24 24 5 11 Totaled							
Violation 1: Ch Sec Violation 2: Ch Sec 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 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Washington St

Santander bank #624 Washington St

7/Eleven store

Unit 1

Unit 2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊙ N

Crash Narrative:

On January 30th, 2021 at approximately 13:26 hours while assigned to N491 I responded to #624 Washington St, Santander Bank parking lot, for a hit & run MV crash.

On my arrival I spoke with the R/P, victim and owner of vehicle #1.

She reported she is employed at the bank and arrived at the employees parking lot at approximately 08:30 hours. She parked her vehicle a gray, 2014 Honda Civic, Ma reg. 5fk-747 in the S/E corner of the parking lot facing the 7 Eleven store. She came out from work around 13:15 hours and noticed her rear drivers side had been struck by an unknown vehicle.

Vehicle #2, left scene without making itself known.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

01/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date