Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/23/2021	08:02 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

16 (1) Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
23 (2) Route# | Direction | Name of Intersecting Roadway/Street

29 (2) EAST | 67 | GREEN ST
Route# | Direction | Address # | Name of Roadway/Street
Feet N S E W of ___ ___ ___ • ___ or ___
Mile Marker | Exit Number
Feet N S E W of Route# | Intersecting Roadway/Street
Feet N S E W of
Landmark
411 (4)

3 ☒ Vehicle 1 | 0 #Occupants | ☒ Hit/Run | ☐ Moped | Case Number 2100000146

License # ___ St ___ DOB/Age ___ | Reg # 415ZN4 | Reg Type PAN | Reg State MA
Sex ___ Lic. Class 18 18 | Lic. Restrictions 19 | CDL Endorsment ___ | Veh Year 2014 | Veh Make HONDA | Veh Config. 2 (20)
4 (1) Operator ___ (Last First Middle) | Owner MURPHY KONNIE (Last First Middle) 112 (1)
Address ___ | Address 17 SUNSET ROAD
City ___ State ___ Zip ___ | City WAYLAND State MA Zip 01778
Insurance Company GIECO GENERAL INS | Vehicle Action Prior to Crash 11 (21) | Damaged Area Code: (Circle Up to Three)
5 Vehicle Travel Direction: N S ☒ W | Responding to Emergency? N | Event Sequence 1 22 22 22 22
Citation # (If Issued)___ | Most Harmful Event 1 (23) | 10 Undercarriage 11 Totaled
Violation 1: Ch___ Sec___ Violation 2: Ch___ Sec___ | Driver Contributing Code 1 24 24
6 (2) Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___ | Underride/Override 25 | Towed N

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
Operator	See Above	- - - - - - - -	- - -	- - -								

Please fill out for operator and all occupants involved — 113 (1)

7 (1) Please Select One of the Following: ☒ Vehicle 2 | 1 #Occupants | ☐ Non-Motorist A Type 14 | Action 15 | Location 16 | Condition 17 | ☒ Hit/Run | ☐ Moped

License # ___ St ___ DOB/Age -- -- ---- | Reg # UNK | Reg Type UNK | Reg State XX
Sex ___ Lic. Class 99 18 18 | Lic. Restrictions 9 (19) | CDL Endorsment ___ | Veh Year UNK | Veh Make UKN | Veh Config. 97 (20)
8 (4) Operator UNKNOWN UNKNOWN UNKNOWN (Last First Middle) | Owner (Same as operator) (Last First Middle)
Address UNK UNK | Address ___
City UNK State XX Zip UNK | City ___ State ___ Zip ___
Insurance Company UNKNOWN | Vehicle Action Prior to Crash 99 (21) | Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S ☒ W | Responding to Emergency? N | Event Sequence 2 22 22 22 22
Citation # (If Issued)___ | Most Harmful Event 2 (23) | 10 Undercarriage 11 Totaled
Violation 1: Ch___ Sec___ Violation 2: Ch___ Sec___ | Driver Contributing Code 99 24 24
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___ | Underride/Override 25 | Towed N

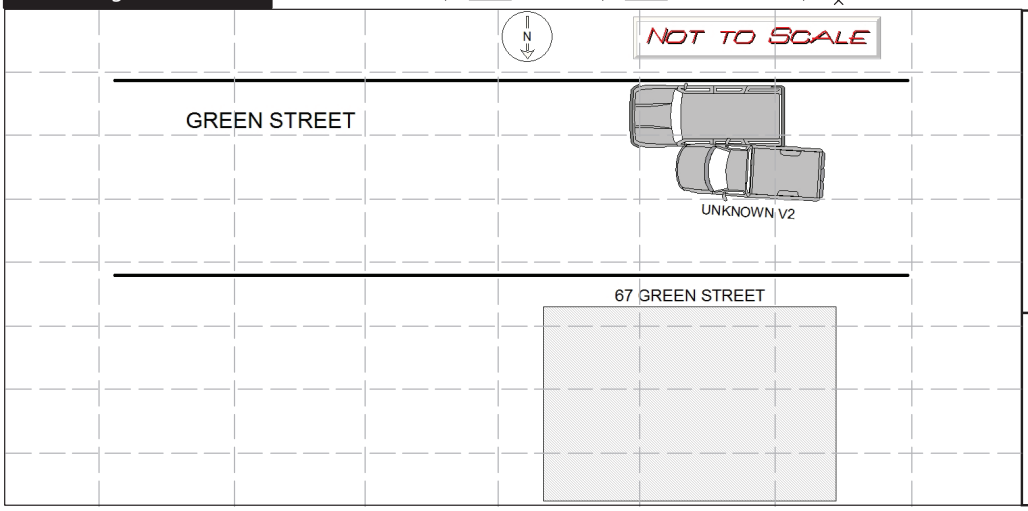
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	99	99	99	99	99	99	99	

Please fill out for operator and all occupants involved

Crash Diagram:

Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → 1 → 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

Crash Narrative:

On Tuesday February 23, 2021 at approx 0800 hours I responded to 67 Green Street for a report of a past hit/run.

Owner of V1 stated vehicle was parked opposite 67 Green Street at approx. 1530 hours on Monday February 22, 2021. When owner came out this morning she noticed the damage to her driver side.

It should be noted another vehicle was struck on drivers side at 58 Green Street. I canvassed the area for any video, video door bells I found in area are only limited to their porch. This hit/run possibly happened on February 22, 2021 between 1730 hours through 1900 hours.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		02/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date