



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles		Number Injured		Speed Limit		State Police <input type="checkbox"/>	
		24HR										Latitude		Local Police <input type="checkbox"/>	
												Longitude		MBTA Police <input type="checkbox"/>	
														Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9			
1				Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				10			
				At				Feet N S E W of or Mile Marker Exit Number							
				Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street				11			
				Also at Intersection with				Feet N S E W of							
2				Route# Direction Name of Intersecting Roadway/Street				Landmark							
3				<input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
				License # St DOB/Age				Reg # Reg Type Reg State							
				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20							
4				Operator Last First Middle				Owner Last First Middle				12			
				Address				Address							
				City State Zip				City State Zip							
				Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
5				Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 2				3 4			
				Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage			
				Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24				5 11 Totaled			
6				Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed				8 7 6			
				Please fill out for operator and all occupants involved								13			
				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											
7				Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 99 Action 15 97 Location 16 99 Condition 17 99 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
				License # St DOB/Age				Reg # Reg Type Reg State							
				Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20							
8				Operator KIM DAE				Owner Last First Middle				12			
				Address 1178 WALNUT ST				Address							
				City NEWTON State MA Zip 02460				City State Zip							
				Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
				Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 2				3 4			
				Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage			
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				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								10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Walnut St

1178 Walnut St

Unknown

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 4/17/21 at 0905hrs I was dispatched to 1178 Walnut St for a report of a past hit & run MVA. On arrival, I met Ms Debra Kim who had just pulled over at that address after noticing a city parking meter (zone#2461) was run over which was pushed onto a city tree (minor tree damage) and then the front of the building including a front door support post was struck by an unknown MV. Building damage appears minor. Building is vacant, no tenants. Ms Kim stated her father Dae Kim is the owner of the building. Crash debris left behind (no plates found) indicated the unknown MV drove off Walnut St N/B, crashed into the meters, over the sidewalk and into the building. Photos of the area were taken and will be submitted to the IT bureau. City notified.

Prior to completing this report, Ms Kim called NPD to report the neighbor from 1176 Walnut has video

(Continued on next page)

**Witnesses:**

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

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
KIM, DAESIK,	1178 WALNUT ST NEWTON, MASSACHUSETTS 0	617-965-5599	97	FRONT OF BUILDING
CITY OF, NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	PARKING METERS AND TREE

**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

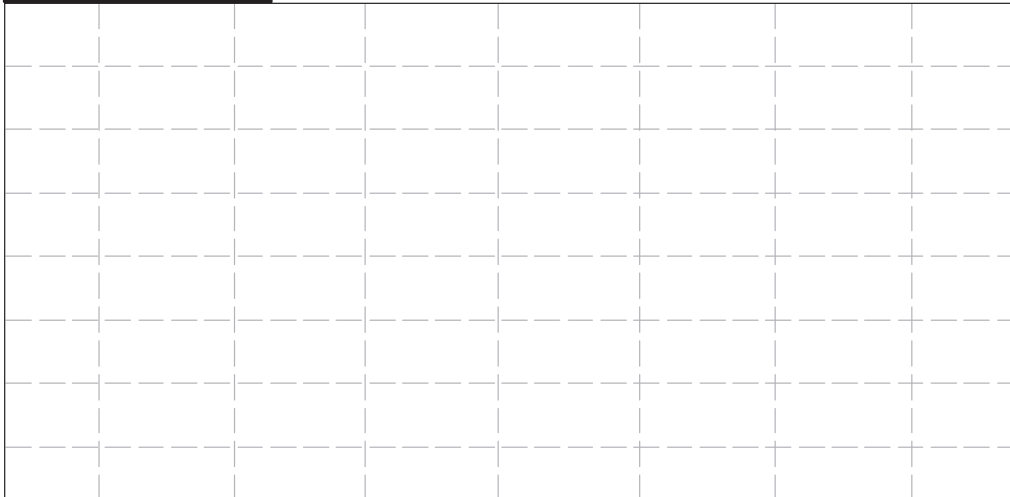
ADAM D GABRIEL	25117	NEWTON POLICE DEPART	04/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

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:**

surveillance from the crash. Ms Kim stated according to the video time, the crash occurred yesterday 4/16 at 0715hrs. She described watching on the video a black sedan possibly a Buick crash into the building back up and continue on Walnut St N/B. She stated no plates, operators or passengers could be seen on the video. Ms Kim will email me the video.

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**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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

04/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date