

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/19/2021	Time of Crash 12:57 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 146 NORWOOD AVE Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000273		
License # St DOB/Age			Reg # AFR1507 Reg Type PAN Reg State NY			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2019 Veh Make SUBARU Veh Config. 1 20		
Operator Last First Middle			Owner WILLIAM ANN Last First Middle			Address 30 FLOWER LN			City JERICHO State NY Zip 11753		
Insurance Company NEW YORK STATE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
Please fill out for operator and all occupants involved			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 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		
License # St DOB/Age			Reg # Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make UNKNOWN Veh Config. 2 20		
Operator Last First Middle			Owner Last First Middle			Address			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 97 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#146 NORWOOD AVE

DRIVEWAY #146 NORWOOD AVE

NORWOOD AVE

Unit 1

Unit 2

N

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 April 19th, 2021 at approximately 12:48 hours while working N491 I responded to #146 Norwood Ave for a report of a past MV crash.

On my arrival I spoke with the R/P, owner of the vehicle involved, Ann William.

She stated she received a call from her daughter around 11:40 this morning that someone had backed into her vehicle (2019 Subaru wagon) which was parked in the driveway to the above address. The other vehicle involved had driven away after the crash.

Ms William informed me of a witness identified as Wagner Calhau (978-413-3927).

She stated she had already spoken with him and he emailed her a copy of the video he took of the other involved vehicle. The witness apparently was doing work across the street when he witnessed this accident.

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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

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

04/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

I located the witness who was still on scene across the street. He reported the following:

A truck was dumping some gravel to his job site and had temporarily blocked the street. A pick up truck heading W/B became impatient waiting for the truck to move and began to turn around to head back E/B. The pick up proceeded to back up into the driveway of #146 Norwood Ave to turn around. The truck as it backed into the driveway backed into the rear drivers side to vehicle #1 causing damage.

The witness then grabbed his cell phone but was only able to begin recording as vehicle #2 was driving away.

Witness showed me the video footage he captured on his cell phone. The pick up truck appeared to be silver in color with a tarp in the back. The license plate I couldn't discern. The operator was not visible from the

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

video.

I will have the video emailed to our IT bureau to see if they can enhance the video for the purposes of capturing the license plate for the pick up truck.

I will further investigate if IT bureau is able to enhance the video that shows the suspects license plate.

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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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

04/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian



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:

(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

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard

Material 1 digit #

Material Name

e_____ Material 4 digit #

Release code

42

THOMAS J MCCARTHY

NEWTON POLICE DEPARTMENT

04/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____

