

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/22/2021	Time of Crash 18:10 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 2014 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								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000280		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 3VWC11 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 1 20								
Operator Last First Middle Address			Owner HANLEY SARAH Address 19 MIDDLE ST								
City State Zip Insurance Company GEICO			City WATERTOWN State MA Zip 02472								
Vehicle Travel Direction: N S E W Responding to Emergency? N			Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 2 22 22 22 2 23 Most Harmful Event 2 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled					
Citation # (If Issued)											
Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
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 type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input 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 Reg State Veh Year Veh Make Veh Config. 20								
Operator Last First Middle Address			Owner Last First Middle Address								
City State Zip Insurance Company			City State Zip								
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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/Non-Motorist See Above											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

MV#1 Was parked in the East side entrance parking garage when it was struck by an unknown vehicle.

Uninvolved owner stated she parked the vehicle in the garage at approximately 1120Hrs and when she returned at approximately 1810Hrs she noticed damage to the left side of her vehicle.

Should be noted there was a note left on the vehicle stating a Red Mazda MA REG#552GY2 possibly struck her vehicle. Due to the white scratch marks on the vehicle I don't think this is the vehicle that was involved.

Traffic Bureau update (Officer Gaudet): I attempted to make contact with the registered owner of MA: 552GH2 (Mr. Franics Nolan, S60053602) with a negative result. A "Hit and Run" inquiry was mailed to Mr. Nolan.

(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

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

REID LARSON **NEWTON POLICE DEPT** **04/22/2021**

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

CDP1 11 24:00

