

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/17/2021		Time of Crash 14:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				WEST 613 GROVE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												1	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000443						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company AA AFFORDABLE				Reg # 3PLF39 Reg Type PAN Reg State MA Veh Year 2004 Veh Make JEEP Veh Config. 2 20 Owner VISOCCHI SABRINA Address 613 GROVE ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved												2	
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 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7 1	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Reg # 7HX647 Reg Type PAN Reg State MA Veh Year 2013 Veh Make VOLVO Veh Config. 1 20 Owner DEWITT BEVERLY Address 24 FAIRFIELD STREET City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								13	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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Operator/Non-Motorist See Above													

Commonwealth of Massachusetts

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11			
4			Landmark							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

Crash Diagram: ie: → 1 → 2 →

Unknown
volvo
613 Grove St
jeep

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

NOT TO SCALE

Crash Narrative:

On 6/17/2021 at approx 1435hrs while assigned to 497 I responded to the area of 613 Grove St for a report of a past hit and run. Upon arrival I observed Ma Reg 7HX647 a 2013 black Volvo S80 with significant front left damage and Ma Reg 3PLF39 a 2004 blue Jeep Cherokee with significant rear left damage. It appears a vehicle travelling westbound on Grove St sideswiped both parked vehicles. I met with the owner of the Volvo ,Beverly DeWitt who stated she is a travelling hospice nurse and had parked at approx 1330hrs to see a client and upon returning found her car damaged. I spoke with the owner of the Jeep , Sabrina Visocchi who stated she had parked her vehicle at approx 2300hrs on 6/16/2021. The vehicles were parked on the westbound side with a high shrub row blocking the view from the house and the adjacent houses had no cameras or residents at home. The jeep was derivable, the owner of the Volvo had AAA pick up her car.

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