

Police Use Only		Commonwealth of Massachusetts										RMV Document Number																			
Date of Crash 06/23/2021		Time of Crash 07:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 1		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						EAST 228 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# 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 2100000456																							
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Operator Last First Middle Address City State Zip Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 7755ZH Reg Type PAN Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. 1 20 Owner DEVITO DAVID A Address 228 CALIFORNIA ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 99 22 22 22 22 2 Most Harmful Event 99 23 Driver Contributing Code 1 24 24 10 Undercarriage 5 11 Totalled Underride/Override 25 Towed N																									
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																															
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Operator/Non-Motorist See Above																															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 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:

Mr. David DeVito, the owner of vehicle#1 stated that he heard a crash at approximately 1030 last night, but wasn't aware his car was struck until this morning. I then viewed the damage and observed fresh damage to the driver side rear quarter panel and side of Mr. DeVito's vehicle. The vehicle was parked in front of the residence at 228 California Street. There are no witnesses to the crash or description of the other vehicle involved at this time.

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