

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 06/29/2021		Time of Crash 17:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 2		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						SOUTH 179 CHAPEL 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 1 #Occupants				<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000474																	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MCCLINCHY SEAN ROSS ARTHUR COLEMAN Address 18 RIPLEY TER (apt. 1) City NEWTON State MA Zip 02459 Insurance Company GEICO Vehicle Travel Direction: N X 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										Reg # 6SR718 Reg Type PAN Reg State MA Veh Year 2005 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 															
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 --- --- 99 4 99 0 0 10 1															
Please Select One of the Following:										<input checked="" type="checkbox"/> Vehicle 2 1 #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															
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HOYE STEVEN Address 64 EAST WATER ST City ROCKLAND State MA Zip 02370 Insurance Company ARBELLA Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T1445627 Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec										Reg # 9AP511 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 															
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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:

On Tuesday 6/29/21 AT 6:45 PM Sean Ross McClinchy came into the station to report a Hit and Run. He stated that he was sitting in his car a green Ford Mustang (MV1 MA REG 6SR718) on Chapel street when a white Toyota Camry (MV 2 MA REG 9AP511) side swiped his car, they exchanged words and then MV 2 proceeded to leave the scene. MV 1 followed MV 2 and MV 2 eventually stopped in a parking lot in Watertown. The operator of MV 2 refused to give his information to the operator of MV 1 and drove away in his car for the second time. The operator of MV 1 was able to take down the license plate of MV 2. A few hours after the operator of MV 1 came in to report the Hit and Run I spoke on the phone with the operator of MV 2 and he stated that it was a tight squeeze on the street and he side swiped the MV 1. He also stated that he panicked and that is why he left the scene without providing his information.

(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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

MV 1 was damaged on the drivers side with scratches on the door, the wheel well, and the mirror was broken.

MV 2 had scratches on the drivers side also according to the driver of MV 1. Neither party was injured during this collision. I sent a Criminal Application in the mail to the operator of MV2.

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