

Police Use Only						Commonwealth of Massachusetts								RMV Document Number									
Date of Crash 07/01/2021	Time of Crash 18:19 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	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:								
AT INTERSECTION:						<	LOCATION				>	NOT AT INTERSECTION:											
JACKSON RD												2 9											
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10											
At						Feet N S E W of • or Exit Number																	
WASHINGTON ST						Feet N S E W of						2 11											
Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street																	
Also at Intersection with						Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input checked="" type="checkbox"/> Hit/Run						<input type="checkbox"/> Moped						Case Number 2100000482					
License # --- St MA DOB/Age ---						Reg # 3KHR99 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2014 Veh Make HONDA Veh Config. 2 20																	
Operator REGAN AMY Last First Middle						Owner REGAN JAMES Last First Middle						1 12											
Address 119 CHEMUNG ST						Address 119 CHEMUNG ST																	
City STOUGHTON State MA Zip 02072						City STOUGHTON State MA Zip 02072																	
Insurance Company PLYMOUTH ROCK ASSURANCE						Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S X W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2						10 Undercarriage 11 Totaled											
Citation # (If Issued)						Most Harmful Event 1 23																	
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24																	
Violation 3: Ch Sec Violation 4: Ch Sec						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												1											
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 ---						Reg # --- Reg Type --- Reg State ---																	
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20																	
Operator --- Last First Middle						Owner --- Last First Middle																	
Address ---						Address ---																	
City --- State --- Zip ---						City --- State --- Zip ---																	
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Operator/Non-Motorist See Above																							

→ 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

← N →

NOT TO SCALE

Crash Narrative:

On 7/1/2021, at 1830 hrs, I spoke with REGAN, AMY in the lobby of NPD HQ regarding a past motor vehicle hit and run accident.

Ms. Regan reports; at 1800 hrs this afternoon, she was traveling eastbound on Washington St. and was yielding to oncoming traffic as she attempted to turn northbound onto Jackson Rd. when her Honda CR-V was struck from behind by a construction Front Loader.

The operator, described as a thin, white male, with a beard, grey hat and Irish accent, motioned for Ms.

Regan to pull over onto Jackson Rd. which she assumed was to exchange information. As Ms. Regan pulled onto Jackson Rd. the operator of the Front Loader continued eastbound on Washington St. towards the Massachusetts Turn Pike rotary.

(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 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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

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on a Public Way:

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☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

I observed damage to the rear bumper and tailgate of Ms. Regan's Honda CR-V, but the vehicle is operable.
 I provided Ms. Regan a report number and instructions on how to obtain a copy of this report.

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DANIEL SOHN

NEWTON POLICE DEPART

07/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Barnecks

Date