

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/15/2021	Time of Crash 04:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 258 LAGRANGE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
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 _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000509			
License # _____ St MA DOB/Age _____			Reg # PAN		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2018		Veh Make JEEP		Veh Config. <u>1</u> <u>20</u>			
Operator KING CHRISTOPHER Last First Middle			Owner (Same as operator)		Last First Middle		Address _____			
Address 21 RILEY RD (apt. 14)			City READVILLE		State MA Zip 02136		City _____ State _____ Zip _____			
Insurance Company TRAVELERS INDEMNITY			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		Event Sequence <u>5</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>5</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram:			
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		-----		--- --- 99 4 99 0 0 10 1			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator _____ Last First Middle			Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____			
Address _____			City _____		State _____ Zip _____		Vehicle Action Prior to Crash <u>21</u>			
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)		Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>23</u>		Driver Contributing Code <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed _____			
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Operator/Non-Motorist			See Above		-----		--- ---			

Crash Narrative:

Vehicle 1 was travelling northbound on Lagrange St. A deer ran out of a yard at 258 Lagrange St, striking vehicle 1 on the right side. I observed moderate damage to the right side of the vehicle. No one was injured. Vehicle 1 was able to drive away from the scene.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

TIMOTHY ROCHE			NEWTON POLICE DEPARTM		07/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					