

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/21/2021	Time of Crash 12:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH 112 ADENA RD</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000536			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO			Reg # 1XV413 Reg Type PAN Reg State MA Veh Year 2012 Veh Make JEEP Veh Config. 2 20 Owner MURPHY HANNAH Address 112 ADENA RD City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y							
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 _____			<div>12Diagram: A car diagram with numbered impact points 1-11. Point 9 is circled. Text: 10 Undercarriage, 11 Totaled.</div>							
Please fill out for operator and all occupants involved			<div>13Table with 13 columns: 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.</div>							
Operator See Above										
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 _____ DOB/Age _____ Sex _____ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator UNKNOWN UNKNOWN Address 123 UNKNOWN ST City NEWTON State MA Zip 02465 Insurance Company GEICO			Reg # UNK Reg Type PAN Reg State MA Veh Year UNK Veh Make UNK Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y							
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Operator/Non-Motorist See Above										

Crash Diagram:

Direction: ☐ 1 Vehicle 1 ☐ 2 Vehicle 2 ☐ Pedestrian

ie: ☐ 1 ☐ 2 ☐

NOT TO SCALE

Unit 1

Unit 2

112 adena rd

N

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 7-21-21 AT APPROX. 1229HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 112 ADENA RD. I SPOKE TO THE OWNER OF VEHICLE #1. SHE STATES SOMETIME BETWEEN 0030-0900HRS. SOMEONE DRIVING S-BOUND ON ADENA HAD HIT THE DRIVER SIDE REAR VIEW MIRROR ON HER VEHICLE. THE MIRROR WAS KNOCKED BACK AND THE GLASS WAS BROKEN. DRIVER STATED SHE DOES NOT KNOW WHO BROKE HER MIRROR. COMP. ADVISED TO CONTACT HER INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

Newton Police Department

07/21/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00