

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/13/2021		Time of Crash 12:20 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 14 MT IDA ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000606						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company STATE FARM				Reg # AX45078 Reg Type PAN Reg State CT Veh Year 2019 Veh Make SUBARU Veh Config. [1][20] Owner JP MORGAN CHASE Last _____ First _____ Middle _____ Address PO BOX 901098 City FT WORTH State TX Zip 76101 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 1 9 10 Undercarriage Driver Contributing Code [24][24] 5 11 Totaled Underride/Override [25] Towed Y								12	
Vehicle Travel Direction: [X][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 _____				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 -----								2	
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 Last _____ First _____ Middle _____ Address 123 UNKNOWN ST City NEWTON State MA Zip 02465 Insurance Company UNKNOWN Vehicle Travel Direction: [X][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 _____								14	
Reg # _____ Reg Type PAN Reg State MA Veh Year 2010 Veh Make UNKNOWN Veh Config. [97][20] Owner (Same as operator) Last _____ First _____ Middle _____ 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 3 4 Most Harmful Event [2][23] 1 9 10 Undercarriage Driver Contributing Code [97][24][24] 5 11 Totaled Underride/Override [25] Towed Y				Please fill out for operator and all occupants involved								15	
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/Non-Motorist See Above ----- 1 99 4 0 0 99 1								16	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

14 mt ida st

NOT TO SCALE

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 →

Crash Narrative:

ON 8-13-21 AT APPROX. 1220HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 14 MT. IDA ST. I SPOKE TO THE LESSEE (CHRISTIAN FALK) OF VEHICLE #1. LESSEE STATES HE PARKED HIS CAR ON THE STREET IN FRONT OF 14 MT. IDA ST AND SOMETIME BETWEEN 0030-1200HRS. SOMEONE HIT HIS CAR AND SPED AWAY. VEHICLE #1 HAD LEFT REAR QTR. PANEL DAMAGE, LEFT REAR DOOR DENTS AND LEFT REAR TIRE SCRAPES. IT WAS DIFFICULT TO TELL FROM THE DAMAGE THE ANGLE AS WELL AS THE POSSIBLE VEHICLE INVOLVED. DRIVER ADVISED TO CONTACT HIS 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 DEPT

08/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date