

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/01/2021	Time of Crash 15:34 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 277 CRAFTS 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 _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000657		
License # --- St MA DOB/Age ---			Reg # 226SY4 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make CHEVY Veh Config. 1 20								
Operator KELLY MATTHEW Last First Middle			Owner (Same as operator) Last First Middle								
Address 48 CYPRESS ST (apt. 1)			Address _____								
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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											
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			-----			1 4 4 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 DOB/Age ---			Reg # 1GRH91 Reg Type PAN Reg State MA								
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012 Veh Make NISSAN Veh Config. 1 20								
Operator UNKNOWN UNKNOWN Last First Middle			Owner WILSON WALTER Last First Middle								
Address UNK			Address 24 (apt. 16) MIDDLESEX CIR								
City _____ State _____ Zip _____			City WALTHAM State MA Zip 02452								
Insurance Company LM GENERAL INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled					
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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			-----			99 4 4 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Crafts St

Vehicle 2

Vehicle 1

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:**

Upon arrival, I observed vehicle 1 parked on Richards Circle with minor damage to the drivers side mirror. Operator 1, Matthew Kelly, stated he was parked by the curb on Crafts St (public way in the City of Newton ) across from F.A. Day Middle School and when he entered his vehicle and closed the driver's side door, vehicle 2 side swiped his vehicle causing damage to his mirror. He then saw Massachusetts Registration: 1GRH91, a White 2012 Nissan Rouge, continue northbound on Crafts St and not stop. Operator 1 stated he followed vehicle 2 on Crafts St until he got to the Waltham line on Waltham St. Operator 1 then pulled into Richards Circle and called dispatch to report the accident. Operator 1 stated he could not tell if Operator 2 was a male or female, but stated there was damage to the passenger side mirror of vehicle 2. The registration for vehicle 2, comes back to a Walter and Analise Wilson out of Waltham. Waltham PD

(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

**ROBERT DRAGONE**      **NEWTON POLICE DEPTA**      **09/01/2021**

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

responded to both of their addresses to attempt to raise them with negative results. There was also not a phone number listed for either party.

There was no injuries reported and no tows were needed.

Traffic Bureau update (Officer Gaudet): I attempted to contact both registered owners for MV2 with a negative result. A "Hit and Run" inquiry was mailed to Mr. Walter Wilson and Ms. Analise Wilson regarding their possible involvement in this crash.

**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

ROBERT DRAGONE

NEWTON POLICE DEPT.

09/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date