

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/02/2021		Time of Crash 15:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				WEST 70 ORCHARD AVE 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	
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000662			4
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company METROPOLITAN PROPE				Reg # 9BL492 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 1 20 Owner RANKIN CHARLES Address 409 WALTHAM ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 1									
Please fill out for operator and all occupants involved				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								13	
Operator See Above												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 MA DOB/Age --- Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator ENTERPRISE JCAC Address 42 CAMP ST City MILFORD State MA Zip 01757 Insurance Company PROGRESSIVE CASUAL				Reg # V1699 Reg Type CON Reg State MA Veh Year 2020 Veh Make ISU Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
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 _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 10 1									
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Operator/Non-Motorist See Above													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Orchard Ave

#70

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

⊙

Crash Narrative:

On September 2, 2021, I responded to the front desk of Newton Police Headquarters to speak with Charles Rankin who wanted to report a past hit and run.

Mr. Rankin stated his vehicle (vehicle 1) was parked unoccupied by the curb at 70 Orchard Ave (Public way in the City of Newton) on Tuesday, August 31. Later that day, he discovered damage to his drivers side mirror. He stated that a note was left behind stating that Massachusetts registration: V91699 struck his vehicle and left the area. He does not know who left the note due to no contact information being left behind. Mr. Rankin showed me a picture of the damage and it appears vehicle 2 side swiped vehicle 1 causing significant damage to the mirror.

Mr. Rankin did research and discovered that the plate is registered to JCAC Enterprise out of Milford and

(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

