

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/08/2021		Time of Crash 09:19 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				SOUTH 15 WALSINGHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000675						3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ROBERTS BRUCE Address 89 NEEDHAM ST (apt. 2318) City NEWTON State MA Zip 02461 Insurance Company LIBERTY MUTUAL				Reg # 300J Reg Type PAR Reg State MA Veh Year 2021 Veh Make JEEP Veh Config. 2 20 Owner CU LEASING CORP Address 9665 (apt. 400) GRANITE RIDGE DR City SAN DIEGO State CA Zip 92123 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 35 22 22 22 22 2 Most Harmful Event 35 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N X 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 _____				 10 Undercarriage 11 Totaled								13	
Please fill out for operator and all occupants involved												30	
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													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 5 Condition 17 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7 1	
License # --- St DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator CHOI JOONHO Address 15 WALSINGHAM ST City NEWTON State MA Zip 02465 Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								8 1	
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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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

HOUSE

15 WALSINGHAM ST DRIVEWAY

WALSINGHAM 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

Crash Narrative:

I spoke to the homeowner of 15 Walsingham St identified as Joonho Choi who stated to me the following: On or about 8:48 AM this morning a Jeep Grand Cherokee was turned into his driveway in order to turn around on Walsingham St and in the process, the MV struck his stone wall causing moderate damage. The driver of the MV identified himself to the homeowner and they exchanged paperwork. I advised Choi I would document the crash for him. There is unknown damage to the MV due to the fact that the driver had already left prior to my arrival and no phone number was provided. Choi has the accident recorded on his surveillance cameras and was advised to keep all pictures and videos for insurance purposes. The driver of the MV is identified as Bruce Roberts (4/2/55).

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CHOI, JOONHO,	15 WALSINGHAM ST NEWTON, MASSACHUSETTS 0	404 421 5541	97	PRIVATE STONE WALL

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

MATTHEW W COLELLA **NEWTON POLICE DEPART** **09/08/2021**

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

CDP1 11 -24:00