

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/07/2021		Time of Crash 12:41 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 1631 BEACON ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ Mile Marker _____ Exit Number _____									
				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000795							
License # --- St GA DOB/Age ---				Reg # CAP3985 Reg Type PAN Reg State GA									
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make FORD Veh Config. 1 20									
Operator BRYAN DANIEL				Owner (Same as operator)								12	
Address 7205 SUNSET BLVD				Address									
City LOGANVILLE State GA Zip 30052				City _____ State _____ Zip _____									
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 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												13	
Name (Last First Middle)				Address				Age/DOB				2	
Operator				See Above				-----					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---				Reg # _____ Reg Type CON Reg State MA									
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UNK Veh Make DODGE Veh Config. 2 20									
Operator UNKNOWN UNKNOWN				Owner (Same as operator)									
Address UNK				Address									
City _____ State _____ Zip UNK				City _____ State _____ Zip _____									
Insurance Company UNK				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 97 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				2	
Operator/Non-Motorist				See Above				-----					
UNK, UNK				UNK UNK UNK, MA UNK				-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Unknown CAP3985

Stone L'oven Pizza, 1649 Beacon 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 10/7/2021 at approx 1241 Hrs while assigned to 497 I responded to the area of 1631 Beacon St for a report of a hit and run that had just occurred, the complainant was stating to dispatch that a white Dodge Ram work van with ladders on the roof heading eastbound had struck his car and fled. At the time of the call I was on Beacon St near the Washington St intersection, 494, Officer Tocci radioed that he was at the intersection of Beacon and Walnut St. Officer Tocci and I travelled towards each other the length of Beacon St with no sign of the van. I spoke with the complainant, Daniel Bryan who stated he had grabbed lunch, at Stone L'oven pizza and was eating in his car while parallel parked on Beacon St. Two men, an older white male and a approximately 30-40 year old Hispanic male who had been sitting at the bar eating exited the restaurant, stared at him, got into the van parked in front of Daniel, the older white male getting into the driver seat

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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

