

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/15/2021		Time of Crash 21:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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				NORTH 802 WALNUT 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	
1 4		2 1		3		1 1		5 1		6 1		12	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000835							
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type UNKNOWN Reg State XX								13	
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year UNKN Veh Make UNKNOWN Veh Config. 1 20								4	
Operator UNKNOWN UNKNOWN Last First Middle				Owner (Same as operator) Last First Middle								1	
Address UNK				Address _____								12	
City _____ State _____ Zip _____				City _____ State _____ Zip _____								13	
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								4	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 4 22 22 22 22 2 Most Harmful Event 4 23								13	
Citation # (If Issued) _____				Driver Contributing Code 10 24 24 Underride/Override 25 Towed N								4	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
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								4	
Operator				See Above								13	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 2 15 Location 8 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												13	
License # _____ St _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____								13	
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20								13	
Operator HILTON JALYNN Last First Middle				Owner _____ Last First Middle								13	
Address 57A GAIL RD				Address _____								13	
City NYACK State NY Zip 10960				City _____ State _____ Zip _____								13	
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 22 22 22 22 2 Most Harmful Event 23								13	
Citation # (If Issued) _____				Driver Contributing Code 24 24 Underride/Override 25 Towed _____								13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
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								13	
Operator/Non-Motorist				See Above								13	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

Jalynn Hilton states she was traveling northbound on the shoulder of Walnut St on her bicycle when a vehicle was traveling behind her and bumped into her tire causing her to fall off her bike. She described vehicle 1 as a grey four door sedan and stated it was operated by a female. Ms. Hilton states the driver got out of the vehicle and asked if she was ok, then got back into her vehicle and continued northbound onto Walnut St. Ms. Hilton stated she was experiencing arm/shoulder pain and was evaluated by Fallon medics before being transported to Newton Wellesley Hospital.

Ms. Hilton stated she is a student at Lasell University, and at her request, Auxiliary Officer Cash transported her bicycle to Lasell Police Headquarters. There was no damage done to the bicycle.

**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