

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/21/2021	Time of Crash 12:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			NORTH 72 HIGHLAND ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street _____				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000968		
License # _____ St _____ DOB/Age _____			Reg # 7RR916		Reg Type PAN		Reg State MA		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		
Operator _____			Veh Year 2021		Veh Make HONDA		Veh Config. 1 20		Owner ALKALAY IRA S		
Address _____			Address 867 DRIFT RD		City WESTPORT		State MA Zip 02790		Vehicle Action Prior to Crash 11 21		
Insurance Company PROGRESSIVE			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Responding to Emergency? N		Citation # (If Issued) _____		Event Sequence 2 22 22 22 22		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y		Damaged Area Code: (Circle Up to Three)		
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		-----		---		---		
Operator			See Above		-----		---		---		
Operator			See Above		-----		---		---		
Operator			See Above		-----		---		---		
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		
License # _____ St _____ DOB/Age -----			Reg # _____		Reg Type PAN		Reg State MA		Sex _____ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator UNKNOWN UNKNOWN			Veh Year 2021		Veh Make UNKNOWN		Veh Config. 97 20		Owner (Same as operator)		
Address UNK			Address _____		City _____		State _____ Zip UNK		Vehicle Action Prior to Crash 99 21		
Insurance Company UNKNOWN			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Responding to Emergency? N		Citation # (If Issued) _____		Event Sequence 2 22 22 22 22		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Driver Contributing Code 9 24 24		Underride/Override 25 Towed Y		Damaged Area Code: (Circle Up to Three)		
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/Non-Motorist			See Above		-----		---		---		
Operator/Non-Motorist			See Above		-----		---		---		
Operator/Non-Motorist			See Above		-----		---		---		
Operator/Non-Motorist			See Above		-----		---		---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

72 highland 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 1-21-21 AT APPROX. 122HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 72 HIGHLAND ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES SOMETIME BETWEEN 1030-1230HR. SOMEONE HIT HIS MOTOR VEHICLE WHILE IT WAS PARKED IN FRONT OF 72 HIGHLAND ST. THE ACCIDENT CAUSED DAMAGE TO THE OWNERS LEFT REAR VIEW MIRROR. THE GLASS OF THE MIRROR REMAINED INTACT BUT THE MIRROR CAME UNHINGED. OWNER STATES THERE WAS NO WITNESSES TO THE ACCIDENT. THE OWNER OF 72 HIGHLAND TOLD THE OWNER OF VEHICLE #1 HE WOULD REVIEW HIS VIDEO FOOTAGE TO SEE IF HE HAS FOOTAGE OF THE ACCIDENT AND WOULD UPDATE IF ANYTHING WAS CAPTURED. OWNER REPORTS NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPART

11/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date