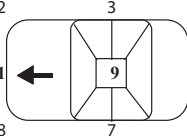
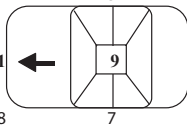


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/06/2022		Time of Crash 20:09 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				WEST 5 MURPHY CT								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								4	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000016						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT INS COMP				Reg # 6CS615 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HOND Veh Config. 1 20 Owner CHAYLUKSAMEE CHAYAPHON Address 3442 (apt. 2) 90TH STREET City JACKSON HTS State NY Zip 11372 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
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 _____													
Please fill out for operator and all occupants involved												13	
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												1	
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 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK City _____ State _____ Zip UNK Insurance Company UNKNOWN				Reg # _____ Reg Type UNKNOWN Reg State XX Veh Year UNK Veh Make UNK Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								8	
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 _____													
Please fill out for operator and all occupants involved												13	
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												1	
Operator/Non-Motorist See Above													

→ 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:

Owner of MV1 called in a hit and run. Owner has a dash camera that turns on when the vehicle is hit with force. Owner of MV1 received a notification, walked outside and observed damage to his vehicle. Owner of MV1 showed me the video. I observed the vehicle turn on and a short time later a white Chev pick-up drive by. MV1 suffered damage to the left rear of the vehicle.

Due to the low quality picture, I could not see the license plate of MV2. I canvassed the area and found two cameras that were not recording at the time. MV2 did not stop and leave their information. Unable to find an involved vehicle.

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