Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Police
01/21/2022	20:30 24HR	NEWTON	1	0	25	State Police ☐ Local Police ☒ MBTA Police ☐ Other:

Latitude ____ Longitude ____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 — Route# ____ Direction ____ Name of Roadway/Street ____ At

Route# ____ Direction ____ Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# ____ Direction ____ Name of Intersecting Roadway/Street

Route# SOUTH Direction 1175 Address # WALNUT ST Name of Roadway/Street

____ Feet [N] [S] [E] [W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number

____ Feet [N] [S] [E] [W] of Route# ____ Intersecting Roadway/Street

____ Feet [N] [S] [E] [W] of ____ Landmark

2 9 — 2 10 — 2 11

3 — ☒ Vehicle 1 1 #Occupants ☒ Hit/Run ☐ Moped Case Number 22000059

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ____ Endorsment

4 1 — Operator FERGUSON (Last) LILLIANA (First) (Middle)

Address 21 CHASE STREET

City NEWTON State MA Zip 02459

Insurance Company GOVT EMP

5 1 — Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? N

Citation # (If Issued)____

Violation 1: Ch____Sec____ Violation 2: Ch____Sec____

6 1 — Violation 3: Ch____Sec____ Violation 4: Ch____Sec____

Reg # 2NML85 Reg Type PAN Reg State MA

Veh Year 2012 Veh Make KIA Veh Config. 2 20

3 12 — Owner (Same as operator) (Last) (First) (Middle)

Address ____

City ____ State____ Zip ____

Vehicle Action Prior to Crash 11 21

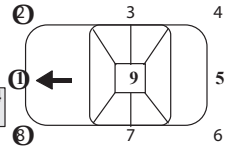
Event Sequence 2 22 22 22 22

Most Harmful Event 2 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	- - - - - - - -	- - -	- - -	0	4	4	3	0	10	1	

2 13

7 1 — Please Select One of the Following: ☐ Vehicle ___# Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class 18 18 Lic. Restrictions 19 CDL ____ Endorsment

8 1 — Operator ____ (Last) (First) (Middle)

Address ____

City ____ State____ Zip ____

Insurance Company____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency?____

Citation # (If Issued)____

Violation 1: Ch____Sec____ Violation 2: Ch____Sec____

Violation 3: Ch____Sec____ Violation 4: Ch____Sec____

Reg # ____ Reg Type____ Reg State____

Veh Year____ Veh Make____ Veh Config. 20

Owner ____ (Last) (First) (Middle)

Address ____

City ____ State____ Zip ____

Vehicle Action Prior to Crash 21

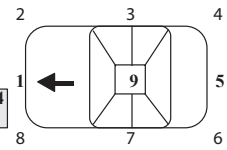
Event Sequence 22 22 22 22

Most Harmful Event 23

Driver Contributing Code 24 24

Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



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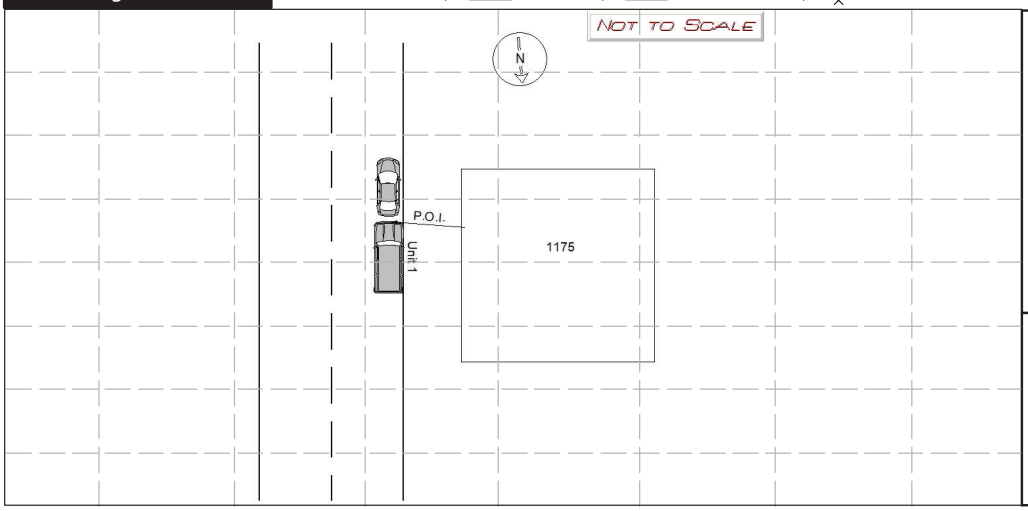
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

On 01/22/2022, while assigned to West Newton, I, Officer Conary, met with the Operator of MV1 in the lobby for a report of a past hit and run. Operator of MV1 explained to me that on 01/21/2022, she parked MV1 on Walnut Street in front of 1175 at the parking meters. Approximately after an hour or two, she returned to MV1 and saw that there was damage to the front bumper. I did not respond to the accident. MV1 was able to be driven from scene.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

KRISTINA CONARY			NEWTON POLICE DEPARTM		01/22/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00