

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/04/2022		Time of Crash 10:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				WEST 108 MADISON AVE 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	
3				<input checked="" type="checkbox"/> Vehicle 1 # Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 22000202								4	
1				License # --- St MA DOB/Age --- Reg # M98758 Reg Type MVN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2019 Veh Make NISSAN Veh Config. 1 20 Operator JOHNSON JEFFREY Owner NEWTON CITY OF Address 235 IRVING ST Address 110 CRAFTS ST City FRAMINGHAM State MA Zip 01702 City NEWTON State MA Zip 02459 Insurance Company SELF Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 2 22 22 22 22 2 Citation # (If Issued) Most Harmful Event 2 23 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								12	
6				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 --- --- 99 4 4 0 0 10 1 Operator Operator Operator								13	
7				Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped								2	
8				License # --- St DOB/Age --- Reg # --- Reg Type --- Reg State --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year --- Veh Make --- Veh Config. 20 Operator --- Owner --- Address --- Address --- City --- State --- Zip --- City --- State --- Zip --- Insurance Company --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? --- Event Sequence 22 22 22 22 2 Citation # (If Issued) Most Harmful Event 23 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 24 24 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override 25 Towed --- Please fill out for operator and all occupants involved								13	
Operator/Non-Motorist				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 Operator/Non-Motorist Operator/Non-Motorist									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Madison Ave

Unit 1

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

Crash Narrative:

On Friday March 4th 2022 at approximately 1027 hours I responded to 90 Crafts Street the DPW City yard for a past report of a motor vehicle accident involving a city vehicle. The operator of the vehicle MA REG M98758, identified as Jeffrey Johnson S89595004 stated that on Thursday March 3rd 2022 around 1330 hours while driving westbound on Madison Ave he struck a parked vehicle with his passenger side mirror. Jeffrey stated he didnt realize there was any damage to his vehicle until he returned to the city yard. Jeffrey stated he went back to the area to try to locate the other vehicle involved but could not locate it. There is no vehicle information for the other vehicle involved.

Pictures of the minor damage to the city vehicle were taken and submitted to the IT Bureau. Madison Ave is a public way owned and maintained by the City of Newton. No injuries were reported.

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