

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 03/17/2022		Time of Crash 19:20 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															
WEST BEACON ST												2															
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10															
At				Feet N S E W of _____ or _____																							
HAMMOND POND PKWY				Mile Marker Exit Number																							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11															
Also at Intersection with				Route# Intersecting Roadway/Street								2															
Route# Direction Name of Intersecting Roadway/Street				Landmark																							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000227																					
License # --- St MA DOB/Age ---				Reg # 1FXB47 Reg Type PAN Reg State MA																							
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make JEEP Veh Config. 2 20																							
Operator STEWART GEOFFREY S				Owner (Same as operator)								12															
Address 1757 BEACON ST (apt. 3)				Address _____																							
City BROOKLINE State MA Zip 02445				City _____ State _____ Zip _____																							
Insurance Company CINCINNATI INSURANCE CO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4																			
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage																			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																							
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	
Operator				See Above		-----		---		99		4		4		0		0		10		1					
STEWART, HENRY				1757 BEACON ST (apt 3) BROOKLINE, MA		-----		M		6		99		4		4		0		0		10		1			
STEWART, JAMES				1757 BEACON ST (apt 3) BROOKLINE, MA		-----		M		6		99		4		4		0		0		10		1			
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																											
License # --- St MA DOB/Age ---				Reg # 2PTT90 Reg Type PAN Reg State MA																							
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2000 Veh Make TOYT Veh Config. 1 20																							
Operator MCNALLY CHRISTOPHER				Owner (Same as operator)																							
Address 11 EASTMOUNT RD				Address _____																							
City MEDFIELD State MA Zip 02052				City _____ State _____ Zip _____																							
Insurance Company COMMERCE INSURANCE CO				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 1 22 22 22 22				2 3 4																			
Citation # (If Issued) T1448093				Most Harmful Event 1 23				5 11 Totaled																			
Violation 1: Ch 90/24/K Sec _____ Violation 2: Ch 90/24/E Sec _____				Driver Contributing Code 19 24 10 24																							
Violation 3: Ch 90/24/C Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y																							
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	
Operator/Non-Motorist				See Above		-----		---		0		4		4		0		0		10		1					

→ Direction

ie: → 1 → 2 →

1 Vehicle 1

2 Vehicle 2

⊙ Pedestrian

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:

Vehicle 1 was stopped at the light on Beacon St at Hammond Pond Pkwy headed west when Vehicle 2 rear ended him. When the light turned green, vehicle 2 drove around vehicle 1 and left the scene without providing any information. Vehicle 1 followed Vehicle 2 and provided location information to police until Vehicle 2 was able to be stopped. The operator of vehicle 2 was subsequently arrested for OUI 2nd offense.

An incident report was completed (See NPD Report #22009637)

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