

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts						RMV Document Number			
Date of Crash 04/07/2022	Time of Crash 12:39 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other:
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:						
											2 9
Route# Direction Name of Roadway/Street At				SOUTH 111 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							2 10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street							11 4
Route# Direction Name of Intersecting Roadway/Street				Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000280					
License # --- St MA DOB/Age ---				Reg # 49315 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make CHEVY Veh Config. 2 20							
Operator BOSWORTH JASON Last First Middle				Owner BOSWORTH ASHLEY Last First Middle							7 12
Address 269 SOUTH MAIN ST				Address 269 S MAIN ST							
City HOPEDALE State MA Zip 01747				City HOPEDALE State MA Zip 01747							
Insurance Company GEICO				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							10 Undercarriage 5 11 Totaled
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 2
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above ----- - - - - 0 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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											
License # --- St MA DOB/Age ---				Reg # 313FY9 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20							
Operator VARDAR-ULU DIDEM Last First Middle				Owner (Same as operator) Last First Middle							
Address 51 VAN WART PATH				Address City State Zip							
City NEWTON State MA Zip 02459				City State Zip							
Insurance Company COMMERCE				Vehicle Action Prior to Crash 10 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 Most Harmful Event 2 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed N							10 Undercarriage 5 11 Totaled
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							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above ----- - - - - 99 99 99 0 0 99 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Number: 111  
(McDonald's)

Needham St.

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:**

At approximately 1239HRS on Thursday, 04/07/2022, I was dispatched to 111 Needham St. (McDonald's) for a report of a hit & run crash. Upon arrival, I spoke with the operator of MV1 (MA Pass: 49315), who stated that he was in the restaurant when an unidentified concerned citizen came in and showed them a picture of MV2, after it had struck MV1 and informed them that the operator of said vehicle left the scene without leaving their information. I observed that MV1 sustained damage to its driver's side rear quarter panel, just to the rear of the wheel well.

The owner of MV2 (MA Passenger: 313FY9) could not be reached to ascertain their version of events.

Newton Dispatched was able to find a phone number for the registered owner, left a message and at the time of writing this report, The Newton Police have not been contacted by them. Additionally, I went to the

(Continued on next page)

**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

CHRISTOPHER G HOWES      38804      NEWTON POLICE DEPART      04/07/2022

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

