

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																											
Date of Crash 04/08/2022		Time of Crash 23:31 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				WEST 360 BROOKLINE ST		Route# Direction Address # Name of Roadway/Street						2																						
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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																						
Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 22000291						2																						
License # --- St MA DOB/Age ---				Reg # VT38955 Reg Type PAS Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement						20																						
Operator PANASY JOHNNY				Veh Year 2019 Veh Make TOYOTA Veh Config. 1		Owner RAVEAU ALEXANDRE						12																						
Address 1093 CHESTNUT STREET (apt. B)				Address 1093 (apt. B) CHESTNUT ST		City NEWTON State MA Zip 02464						1																						
Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)						13																						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 40 22 22 22		Most Harmful Event 1 23						1																						
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y						8																						
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						1																						
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						1																								
Please Select One of the Following: Vehicle 2 0 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped				License # _____ St DOB/Age _____						Reg # UNKNOWN Reg Type PAN Reg State MA	20																							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement				Veh Year _____ Veh Make UNKNOWN Veh Config. 1						Owner _____ Last First Middle	Address _____ City _____ State _____ Zip _____	Insurance Company _____	Vehicle Action Prior to Crash 1 21	Damaged Area Code: (Circle Up to Three)	Event Sequence 1 22 22 22 22	Most Harmful Event 1 23	Driver Contributing Code 99 24 24	Underride/Override 25 Towed N	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/Non-Motorist See Above	Operator	See Above	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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Redwood Road

Brookline Street

Unit 1

Unit 2

110 Redwood Road

360 Brookline Street

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:

MV1 was parked on the road way of Brookline Street facing west when struck by the unknown vehicle. MV1 Operator states he was inside the residence of 360 Brookline Street when he heard a loud noise. MV1 Operator states he believes he observed a dark SUV strike the vehicle and continue to drive away from the crash site. MV1 sustained major damage to the rear left and center of the vehicle. The parked vehicle was struck with such force it was pushed on top of the sidewalk and partially into the side lawn of 110 Redwood Road. The vehicle was towed by Tody's Service Inc back to the tow lot. MV1 Operator sustained no injuries. The property owner of 110 Redwood Road was aware of the minor lawn damage from the accident.

Based on fluid patterns left on the roadway, I believe the suspect's vehicle continued westbound on Brookline Street and turned northbound onto Dedham Street. MV2 will have damage to the front right of the vehicle.

(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
OTHMAN, NASER,	110 REDWOOD ROAD NEWTON, MASSACHUSETTS 0	617-335-9833	3	GRASS LINE OF THE SIDEWALK

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 PERRY **NEWTON POLICE DEPT** **04/09/2022**

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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:

It should be noted that there are multiple traffic cameras at the intersection of Brookline and Dedham Street.

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

CHRISTOPHER PERRY

NEWTON POLICE DEPART

04/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date