

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/20/2022		Time of Crash 07:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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 197 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ 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	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								4	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000321						3	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GREY COURTNEY Address 59 LEICESTER SR (apt. 1) City BRIGHTON State MA Zip 02135 Insurance Company PROGRESSIVE				Reg # 8WZ425 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved				1									
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													
LEBLANC, JOSHUA 2 FRANKLIN ST FRAMINGHAM, MA 01702													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # UNK Reg Type PAN Reg State XX Veh Year UNK Veh Make UNK Veh Config. 1 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 9 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 8 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								8 2	
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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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

197 California 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:

MV1 stated they were travelling w/b on California St when MV2 "was right behind me, crossed the double yellow lines to pass me, nearly went head on with someone else, cut back and hit the front of my car" causing minor damage.

MV2 was described as a Silver Infiniti that fled on Bridge St towards Watertown. A canvass of the area was conducted yielding negative results. No tow was required and 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