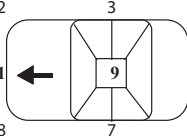
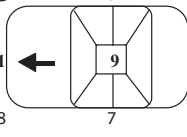


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/15/2022		Time of Crash 10:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				WEST 35 PELHAM ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ Mile Marker _____ Exit Number _____									
				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								4	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000403						3	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO				Reg # 377YDD Reg Type PAN Reg State MA Veh Year 2008 Veh Make CHEVY Veh Config. 2 20 Owner LARSEN BRIAN Address 35 PELHAM ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								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												2	
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													
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7	
License # _____ St _____ DOB/Age _____ Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNKNOWN UNKNOWN Address _____ City _____ State _____ Zip _____ Insurance Company UNKNOWN				Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								8	
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													
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													

Crash Narrative:

On 5/14/22 at 1628hrs, Mv#1 was parked unoccupied in front of 35 Pelham St. #1 owner Mr Brian Larsen was not home at this time. Mr Larsen's front door video system captured a grey possible Honda CRV, with passenger side front spare donut tire (no hubcap), with rear body damage above the passenger side rear tire veer to the right sideswiping his parked vehicle causing minor damage to his driver's side rear. Unknown vehicle fled continuing down Pelham St out of view. Video system was unable to zoom in on a plate number. A neighbor witness, Ms Claire Johannes, sitting on her front stoop across the street observed the collision and was also unable to see a plate number. Unknown vehicle operator was described by her as a W/F, with brown hair. Mr Larsen will email the footage to policerecords@newtonma.gov

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
JOHANNES , CLAIRE,	572 PUTNAM AVE CAMBRIDGE,MA 02139	-----	N

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