

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/16/2022		Time of Crash 18:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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		
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10	
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11	
2	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000411							
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # S82031 Reg Type CON Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 20							12	
4	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA					Owner SERVICES INC TRILENNIUM Last First Middle Address BX 600021 City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____					Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 24 24 Underride/Override 25 Towed N							10 Undercarriage 5 11 Totaled	
6	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
	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													
7	Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20								
8	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							10 Undercarriage 5 11 Totaled	
	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 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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Quirk Ct

Adams St

NOT TO SCALE

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:

A witness stated she observed MV1 strike MV2 which was parked & unoccupied. The witness further stated that MV1 attempted to flee the area. MV2 sustained damage to the drivers side however did not require a tow. While speaking with MV2, the owner of MV3 which was parked 2 spots up reported damage to his drivers side. MV3 stated he did not witness the incident but knows his vehicle was not like that when he parked moments earlier.

The operator of MV1 stated he was parked and on the phone speaking to a client when an "elderly woman ran up to me filming saying I hit someone's car and I don't believe I did". MV1 further stated he did not have any damage to his vehicle. I asked MV1 if he struck a black truck (MV3) to which he stated "no, I didn't hit anyone". I asked MV1 why he did not stick around to which he stated "that lady was filming me and I know

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SORENSEN, NANCY, A	74 BARBARA RD WALTHAM, MA 02453	-----	Y

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

GREGORY P HELMS

NEWTON POLICE DEPT

05/16/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:	
I didn't hit anything".	
A canvass of the area for cameras was conducted yielding negative results. Given the size of MV1, it is possible that the operator was unaware he had struck a vehicle.	
Photos from the witness were turned over to the IT Bureau	

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

GREGORY P HELMS			NEWTON POLICE DEPT#1		05/16/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					