

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 05/20/2022		Time of Crash 08:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				SOUTH 15 PINE ST								2				
				Route# Direction Address # Name of Roadway/Street								10				
				Feet N S E W of _____ Mile Marker _____ Exit Number _____												
Route# Direction Name of Intersecting Roadway/Street				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 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000426						3				
License # _____ St _____ DOB/Age _____				Reg # 8TF318 Reg Type PAN Reg State MA												
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2019 Veh Make NISS Veh Config. 2 20												
Operator _____ Last _____ First _____ Middle _____				Owner MORGAN JAMES A								12				
Address _____				Address 15 PINE ST								1				
City _____ State _____ Zip _____				City W NEWTON State MA Zip 02465												
Insurance Company GEICO				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 2 23				1 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6								
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	2
Operator				See Above		-----	---	---								
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 _____				Reg # _____ Reg Type _____ Reg State _____												
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20												
Operator _____ Last _____ First _____ Middle _____				Owner _____ Last _____ First _____ Middle _____												
Address _____				Address _____												
City _____ State _____ Zip _____				City _____ State _____ Zip _____												
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)								
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Operator/Non-Motorist				See Above		-----	---	---								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

On 05/20/2022 at 0841 I responded to 15 Pine St. for a MVA Hit&Run. An unknown vehicle damage a mirror of a parked vehicle. On scene at 15 Pine st. MA Reg 8TF318; 2019 NISS/ARMADA UTIL. color white, was parked unoccupied at the time of the collision. The vehicle was legally parked on Pine St (public Way) in front of #15 Pine st.

The vehicle owner was identified as Morgan, James MA OLN#S73936038. Mr Morgan has video from his Ring doorbell of a possible suspect vehicle. I observed the video which shows a dark blue SUV. The video doesn't have the correct angle showing the impact but the audio distinctly can be heard, an impact with a clear cracking sound as the unknown vehicle passes. A license could not be observed due to the camera angle. The parked vehicle sustained damage to the mirror only. there was no visible damage to the body of 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

DANIEL S SULLIVAN **NEWTON POLICE DEPART** **05/20/2022**

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

CDP1 11 -24:00

Crash Narrative:

vehicle.

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

DANIEL S SULLIVAN			NEWTON POLICE DEPT#13		05/20/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					