

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/25/2022	Time of Crash 07:52 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:				
EAST BEACON ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000444		
License # --- St MA DOB/Age ---			Reg # S59969			Reg Type CON			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016			Veh Make HINO			Veh Config. 6 20		
Operator QUINN JONATHAN Last First Middle			Owner THE DAVEY TREE EX Last First Middle								
Address 105 TAUNTON ST			Address 1500 N MANTUA ST								
City WRENTHAM State MA Zip 02093			City KENT State OH Zip 44240								
Insurance Company OLD REPUBLIC INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			0 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
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											
License # --- St --- DOB/Age ---			Reg # ---			Reg Type UNKNOWN			Reg State XX		
Sex --- Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year UNK			Veh Make UNKNOWN			Veh Config. 13 20		
Operator UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator) Last First Middle								
Address _____			Address _____								
City _____ State _____ Zip _____			City _____ State _____ Zip _____								
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
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Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		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:**

Beacon Street

Walnut 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:**

Operator of MV1 states he was traveling on Beacon Street somewhere in the area by Walnut Street when a green garbage truck (unknown make, model or registration plate) backed into his companies work truck and damaged the front windshield. Operator of MV1 states he doesn't think the operator of the garbage truck knew he struck MV1 and left the scene. Operator of MV1 will be contacting his employer for a private tow. No injuries.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

05/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date