

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|---|--|--|--------------------------------|----------------------|---------------------|--|---|
| Date of Crash 06/20/2022 | Time of Crash 12:33 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>30</u> Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____ |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | SOUTH 331 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 22000546 | |
| License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO | | | Reg # 7JX422 Reg Type PAN Reg State MA Veh Year 2012 Veh Make NISSAN Veh Config. 1 20 Owner HOLT THOMAS Address 19 DARTMOUTH ST City MAYNARD State MA Zip 01754 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 8 | | | | | | | |
| Citation # (If Issued) _____ 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 See Above | | | | | | | | | | |
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| | | | | | | | | | | |
| 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 _____ Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions 1 19 CDL _____ Operator UNKNOWN UNKNOWN Address _____ City _____ State _____ Zip _____ Insurance Company UNKNOWN | | | Reg # _____ Reg Type PAN Reg State MA Veh Year 2012 Veh Make UNKNOWN Veh Config. 13 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 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 8 | | | | | | | |
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| 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 | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

331 walnut st

Unit 1

Unit 2

NOT TO SCALE

N →

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 6-20-22 AT APPROX. 1233HRS. WHILE WORKING N492 I TOOK A REPORT FOR HIT AND RUN ACCIDENT. UPON ARRIVAL AT 331 WALNUT ST. I SPOKE TO THE OWNER OF VEHICLE #1. OWNER STATES SOMETIME BETWEEN 1215HRS-1233HRS WHILE HIS VEHICLE WAS PARKED IN FRONT OF 331 WALNUT ST. SOMEONE HAD HIT HIS FRONT LEFT BUMPER OF HIS MOTOR VEHICLE CAUSING DAMAGE. THERE WERE NO WITNESSES IN THE AREA AND NO ONE HAD LEFT A NOTE. VEHICLE #1 HAD LEFT FRONT BUMPER DAMAGE. OWNER REPORTS NO INJURIES AND WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPT.

06/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date