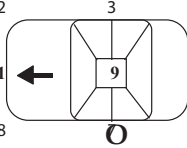


|   |  |   |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
|---|--|---|-------------------------------|--|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|--|
| Police Use Only   |  |   | Commonwealth of Massachusetts |  |  |                                      | RMV Document Number |                      |                     |   |  |  |  |
| Date of Crash<br>06/23/2022   |  | Time of Crash<br>13:45<br>24HR              |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>1 | Number Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |   |                               | < LOCATION >   |  | NOT AT INTERSECTION:                 |                     |                      |                     |   |  | 9  |  |
| Route# Direction Name of Roadway/Street<br>At<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street  |  |   |                               | WEST 871 BEACON ST   |  |                                      |                     |                      |                     |   |  | 2  |  |
|   |  |   |                               | Route# Direction Address # Name of Roadway/Street  |  |                                      |                     |                      |                     |   |  | 10   |  |
|   |  |   |                               | Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number  |  |                                      |                     |                      |                     |   |  |  |  |
|   |  |   |                               | Feet N S E W of _____<br>Route# Intersecting Roadway/Street<br>Feet N S E W of _____<br>Landmark   |  |                                      |                     |                      |                     |   |  | 11<br>4  |  |
| <input checked="" type="checkbox"/> Vehicle 1 #Occupants  |  | <input checked="" type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped   |  | Case Number 22000559                 |                     |                      |                     |   |  | 3  |  |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator LAXDAL CHASE THOMAS<br>Address 645 CHESTNUT HILL AVE<br>City BROOKLINE State MA Zip 02445<br>Insurance Company LIBERTY MUTUAL  |  |   |                               | Reg # 2SLB14 Reg Type PAN Reg State MA<br>Veh Year 2021 Veh Make CHEVY Veh Config. 2 20<br>Owner ASTRAZENECA LP<br>Address 666 GARLAND PLACE<br>City DES PLAINES State IL Zip 60016-000<br>Vehicle Action Prior to Crash 11 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed N |  |                                      |                     |                      |                     |   |  | 12   |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>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 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 ---<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL<br>Operator _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____<br>Vehicle Travel Direction: N S E W Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |   |                               | Reg # _____ Reg Type _____ Reg State _____<br>Veh Year _____ Veh Make _____ Veh Config. 20<br>Owner _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 21<br>Event Sequence 22 22 22 22 2<br>Most Harmful Event 23<br>Driver Contributing Code 24 24<br>Underride/Override 25 Towed _____                               |  |                                      |                     |                      |                     |   |  | 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/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 Thursday 6/23/2022 at approx 1422hrs, while assigned to N496, I responded to 871 Beacon St in Newton for a MVA hit&run. There I met Chase Laxdal, who stated that his companies vehicle, MV1, had its driver side view mirror struck sometime between 1pm-145pm today. It was legally parked in front 871 Beacon St. It should be noted that there are no cameras in the area.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**KEVIN DURICKAS**      NEWTON POLICE DEPARTM      06/23/2022

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

CDP1 11 24:00