

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/07/2022		Time of Crash 15:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:							
<div><div><div>SOUTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div> <div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>				9									
1				10		11		4		11		4	
2				1		3		Vehicle 1 1 #Occupants		Hit/Run		Moped	
3				Case Number		22000608		License #		St MA		DOB/Age	
4				3		Reg # 1CBX83		Reg Type PAN		Reg State MA		Sex F	
5				1		Veh Year 2014		Veh Make AUDI		Veh Config. 20		Lic. Class D 18 18	
6				1		Operator ROBINSON KAIA		Owner ROBINSON MURRAY		Address 69 CRESTWOOD RD		City NEWTON	
7				3		Insurance Company STATE FARM		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22	
8				1		Citation # (If Issued)		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N	
9				1		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	
10				1		Operator		See Above		-----		---	
11				1		Please Select One of the Following:		Vehicle #Occupants		Non-Motorist A Type 14		Action 15	
12				1		Location 16		Condition 17		Hit/Run		Moped	
13				1		License #		St		DOB/Age		Reg #	
14				1		Sex		Lic. Class		Lic. Restrictions		Veh Year	
15				1		Operator		Owner		Address		City	
16				1		Insurance Company		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 22 22 22 22	
17				1		Citation # (If Issued)		Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed	
18				1		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	
19				1		Operator/Non-Motorist		See Above		-----		---	
20				1									
21				1									
22				1									
23				1									
24				1									
25				1									
26				1									
27				1									
28				1									
29				1									
30				1									
31				1									
32				1									
33				1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Chestnut St

Washington St

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:

MV1 stated she was turning left from Washington St onto Chestnut St when she was sideswiped by MV2 causing front end damage. MV2 was described as a white pick up truck with a landscaping trailer which fled the scene down Washington St.

No tow required & no injuries reported.

A partial trailer plate of C8734 was provided however dispatch was unable to find a matching record. Digital images of the scene were captured & sent to the IT Bureau.

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