

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/01/2019		Time of Crash 02:18 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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 78 VINE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	3	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000001						
License # _____ St MA DOB/Age _____				Reg # 2775FR				Reg Type PAN		Reg State MA				
Sex M Lic. Class [D][18][M][18] Lic. Restrictions [1][19] CDL _____				Veh Year 2010				Veh Make TOYOTA		Veh Config. [2][20]				
Operator EHRlich ILYA Last First Middle				Owner (Same as operator) Last First Middle								12	1	
Address 78 VINE ST				Address _____										
City NEWTON State MA Zip 02467				City _____ State _____ Zip _____										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash [4][21]				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence [1][22][22][22][22]				2		3 4				
Citation # (If Issued) _____				Most Harmful Event [1][23]				1		9		10 Undercarriage	11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code [1][24][24]				8		6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override [25] Towed N										
Please fill out for operator and all occupants involved												13	1	
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				-----				---		1 4 3 0 0 5 1				
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 MA DOB/Age _____				Reg # 4KZ917				Reg Type PAN		Reg State MA				
Sex F Lic. Class [D][18][M][18] Lic. Restrictions [1][19] CDL _____				Veh Year 2003				Veh Make TOYOTA		Veh Config. [2][20]				
Operator SPANGENBERG CECELIA ROSE Last First Middle				Owner (Same as operator) Last First Middle										
Address 97 ANDERER LANE (apt. 307)				Address _____										
City WROXBURY State MA Zip 02132				City _____ State _____ Zip _____										
Insurance Company GOVT EMPLOYEES INS				Vehicle Action Prior to Crash [9][21]				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence [1][22][22][22][22]				2		3 4				
Citation # (If Issued) T1441275				Most Harmful Event [1][23]				1		9		10 Undercarriage	11 Totaled	
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code [10][24][8][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														
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				-----				---		99 99 99 0 0 99 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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 January 1, 2019 at approximately 02:18 hours I, Officer Guarino, responded to 78 Vine St. for a hit and run.

I spoke to the operator of MV1, who told me that he was driving Eastbound on Vine St, he turned on his left directional and began to pull into his driveway at 78 Vine St. The operator of MV 2 attempted to pass MV 1 on the left hand side crashing into MV1. MV2 put the vehicle in reverse and left the scene.

The operator of MV1 said that the front bumper of MV2 had fallen off in the collision with MA License plate 4KZ917 still attached. The owner of that vehicle lives in Boston, so Boston Police were notified. I attempted to make contact with the owner of MV 2 with negative results.

Update January 1, 2019 16:15 hours:

(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

CHARLES P GUARINO	38802	NEWTON POLICE DEPART	01/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

**Crash Narrative:**

I was able to contact the owner of MV2, who admitted that she was the operator of the vehicle and that she was in the vehicle alone. The operator of MV2 said that the operator of MV1 was driving very slow and stopped in the right lane so she attempted to pass the vehicle. MV1 began turning and MV2 struck MV1.

The operator of MV 1 said that she was nervous and left the scene because her phone died and attempted to contact the Newton Police in the morning. I am mailing citation T1441275 to Cecelia Spangenberg for MGL90/24C, leaving the scene of property damage.

Photographs of the bumper have been submitted to IT to be attached to this report. The license plate was logged into evidence and placed into property and evidence locket #8.

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

CHARLES P GUARINO		38802	NEWTON POLICE DEPT		01/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					