

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/17/2019	Time of Crash 11:30 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 200 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street Also at Intersection with				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
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 190000116		
License # St DOB/Age			Reg # 1PK335 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2010 Veh Make CHEVY Veh Config. 2 20		
Operator Last First Middle			Owner GRIFFIN KAREN Last First Middle			Address 418 NEWTONVILLE AVE			City NEWTON State MA Zip 02460		
Insurance Company QUINCY MUTUAL			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4		
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			10 Undercarriage			5 11 Totaled					
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											
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			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2 3 4		
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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 01/28/2019 Karen Griffin came into NPD Headquarters to report the following. Griffin states that on 01/17/2019 her vehicle (V1) was parked in a parking space in the lower parking lot of Wegman's 200 Boylston Street. Griffin states that V1 was backed into a parking stall near the entrance of the parking garage. Griffin states that between 1015 and 1130hrs V1 was stuck by an unknown motor vehicle (V2). V2 left the scene without leaving leaving their information. At the time of the collision V1 was parked and unoccupied. As a result of the impact V1 sustained minor damage to the passenger side front bumper. Griffin states that an employee of Wegman's witnessed the crash and described V2 as a Gray Honda Accord with a possible Maryland Reg JNK824. I conducted an RMV check of V@ registration with negative results. At this time the identity of V2 is unknown.

(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

♀ Pedestrian

CDP1 11 ·24·00