

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 02/11/2019	Time of Crash 17:33 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>5</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>										
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>													
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 300 BOYLSTON 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 _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			100 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of _____ PARKER ST 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 _____																				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000171											
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 GENERAL			Reg # 16KK69 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 Owner BORDETT SASHA Address 85 NEWTONVILLE AVE City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 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			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																	
Operator			See Above			Age/DOB			Sex			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility								
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 Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions 1 19 CDL _____ Operator SPITTEL CASSANDRA LAUREN Address 74 125 BRIDGE ST City NEWTON State MA Zip 02458 Insurance Company GEICO GENERAL			Reg # 875LD0 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 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			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																	
Operator/Non-Motorist			See Above			Age/DOB			Sex			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

300 Boylston St Lifetime Fitness Parking Garage

NOT TO SCALE

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 Monday, February 11th, 2019, I responded to a two vehicle MV accident in the parking garage at Lifetime Fitness Center at 300 Boylston St. There were no injuries. Vehicle # 1 (Bearing Mass Reg # 16KK69, Toyota Rav4, owned by Sasha Bordett) was unoccupied and parked in a marked spot facing in. Vehicle # 2 (Bearing Mass Reg #875LD0, Toyota SUV, owned/operated by Cassandra Spittel) was parked backed in to the spot next to vehicle # 1. Cassandra stated she took a right hand turn out of the parking spot and heard a noise. She stopped her vehicle and inspected the damage and saw scratches to the right front side of her vehicle. She also noticed a dent to the right rear of Bordett's vehicle. Since the other vehicle was unoccupied, Cassandra called Newton Police and stated she had been in an accident and left her info to myself to make an accident report. I contacted the owner of the Toyota Rav4 and informed her of the accident and

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**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

NICHOLAS JAMES GAMBLE      NEWTON POLICE DEPT      02/11/2019

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

CDP1 11 -24:00

