	Poli	ce Use Only		Common	wealth	of Massa	chus	setts			RMV	Docum	ent Number	
	Date of Crash <b>02/11/2019</b>	Time of Crash 17:33	City/To	wn <b>Mo</b>	tor Vel	hicle Cra	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{N} \end{bmatrix}$	Number Vehicles	Numbe Injured		d Limit ude		State Police Local Police MBTA Police	N Xi
L	02/11/2019	17:33 24HR			<b>Police</b>	Report		2	0		gitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION :	>		NOT	AT	INTE	CRSEC	CTION:	
						EAST	300		BOYLS	TON S	Т			H
1 [	Route# Direct	tion	Name of	Roadway/Street		Route# Directio	n Addr	ess#		Nar	ne of R	oadway/	Street	_
-				At		Feet NSEW of or							ŀ	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exi					Exit Number	_		
				rsection with		100 Feet N	SEX	of	Route#		KER S		way/Street	-
1						Route# Intersecting Roadway/Street  Feet N S E W of						way/Bireet		
	Route# Direct	tion	Name of Interse	cting Roadway/Street							Lan	dmark		_
	XVehicle1	_0_#Occupants	Hit/Run	Moped	Case Numbe	r	1900	0000171						
_	License#		St	DOB/Age	Pag	<sub>#</sub> 16KK69			Pag Ty	ne PAN	N.	Pag	State MA	
	Sex Lic. 0	18 1	18	19	_	Year 2018				-		_	20	
				Endorsmen	nt	er BORDETT						ven coi	ilig. [-	F
1		Last		Middle	Own	ess 85 NEWTON	VILLE A	VE	First			Middle		_
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		ssued)		2: ChSec		L	1 de 1	24	24 1	←	9		5 11 Totaled	
L						Driver Contributing Code 1 25 Towed N 8 7 6								
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	Name (Last Fir			Address		Age/DOB	Sex Pos	. System	Airbag Airb Status Swit	ag Eject ch Code	Trap I Code S	njury Trai Status Coo	nsp. de Medical Facil	lity
-	Operator			See Above	:			-						
1	Please Select C of the Followin		e2 <u>1</u> #Occupan	Non-Motorist	A Type	14 Action 1:	5 Locatio	on	16 Cond	ition	17	Hit	/Run Mor	oed
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╗	Operator SPITTEL CASSANDRA LAUREN  Endorsment LAUREN				nt Own	Owner (Same as operator)							_	
	Address 74 125 BRIDGE ST				Addı	Last First Middle Address								
	City NEWTON State MA Zip 02458				City	CityZip								
	Insurance Company GEICO GENERAL				Vehi	Vehicle Action Prior to Crash  3 21 Damaged Area Code: (Circle Up to Three)						ree)		
	Vehicle Travel Direction: N S X W Responding to Emergency?				? Even	22 22 23 0 3 4								
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+	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Swi	tch Code	Code 0		Medical Faci	ility
-	Operator/	1101101101131		See Above				1	7 4	0	U	J 1		
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	→ Direction 1 = Vehi	cle 1 2 = Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: 🕕 🛚	2	▶Ŷ	
	( N N )			If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
	300 Boytston St Lifetime Fitness Parking Garage			Indicate North by Arrow
		NOT TO SCALE		
		NOT TO SCALE		

## Crash Narrative:

(Continued on next page)

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

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 34-Type Description of Damaged Property

Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	ele Section)	_ Carrier Issui	ing Authority Code
Address		City			Zip
US DOT #:S	State Number	Issuing State	ICC #:		Interstate 36
	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len	gth	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

NICHOLAS JAMES GAMBLE			NEWTON POLICE DEPARTM		02/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:   ie:	-	Direction 1	→ Vehicle 1 2	+Vehicle 2	₹ Pedestr	ian		
	Crash Diagram:	ie: 👈 🛚 1	<b>→</b> 2	□ →	PŶ			
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: Carrier Name (from Vehicle Section) Carrier Name (City St Zip State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information: Placard 40 Material I dign # 41 Material Name Material 4 dign # Release code 42							on a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot enter
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:  Carrier Name  Carrier Name  Carrier Name  Carrier Issuing Authority Code  Address  City  St  Zip  US DOT #:  State Number  Issuing State  ICC #:  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Trailer Reg #:  Reg Type  Reg State  Reg Year  Material 4 digit #  Release code  42		ho an aggident	roport on fil					
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)