

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/13/2019		Time of Crash 10:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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 _____				SOUTH 280 NEWTONVILLE AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													3	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000183						
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO				Reg # 6AN179 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 Owner AUBOURG MADELEINE Address 5 KEITH TERRACE City STOUGHTON State MA Zip 02072 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N 6									12	
Vehicle Travel Direction: N X E W Responding to Emergency? _____ 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												13	2	
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 checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # UNK Reg Type PAN Reg State MA Veh Year UNK Veh Make UNK Veh Config. 97 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 9 24 24 5 11 Totaled Underride/Override 25 Towed N 6										
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Operator/Non-Motorist See Above														

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<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____						Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22][22][22][22] 2 3 4 Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24][24] 5 11 Totaled Underride/Override [25] Towed _____							
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Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 _____ Sex M Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator MERIDA-DIAZ ADOLFO V Address 138 HEATH STREET (apt. 51) City JAMAICA PLAIN State MA Zip 02130 Insurance Company _____						Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22][22][22][22] 2 3 4 Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24][24] 5 11 Totaled Underride/Override [25] Towed _____							
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Operator/Non-Motorist See Above						5 1 N/A							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

NOT TO SCALE

Unknown MV

MV 1

Rear parking lot of 280 Newtonville Avenue, Newton

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 Wednesday, February 13, 2019 while assigned to Traffic unit N525, I responded to the 280 Newtonville Avenue, Newton for a report of a past hit and run accident. I met with Madeleine Aubourg (S67566148) who stated she is a Nursing Assistant at Cabot Park Village. Aubourg stated due to the snowfall the area had the previous day, Aubourg left her vehicle parked (S) in the rear parking lot overnight. Aubourg stated this morning when she returned to work she observed damage to the front bumper area of her 2018 Toyota Camry (MA: 6AN179). Aubourg stated she believes sometime overnight when the parking lot was being plowed a plow truck hit the front of her vehicle. I observed moderate damage to the front bumper area.

I spoke with Adolfo Merida-Diaz (S44133458) on scene who stated he is employed by Marquense Landscaping and is responsible for the snow removal at 280 Newtonville Avenue. Merida-Diaz stated last

(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

MICHAEL R GAUDET

NEWTON POLICE DEPART

02/13/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

