Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured		
06/26/2019	18:42 24HR	NEWTON	2	0		

Speed Limit **5**
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

< LOCATION >

AT INTERSECTION:

1 1
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with

2 1
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

NOT AT INTERSECTION:

2 9

WEST **49** **BOYLSTON ST**
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 10
_____ Feet N S E W of ___ ___ ___ • ___ or _____
Mile Marker   Exit Number

_____ Feet N S E W of _____
Route# _____ Intersecting Roadway/Street

3 11
_____ Feet N S E W of _____
Landmark

3

☒ Vehicle 1 **1** # Occupants ☒ Hit/Run ☐ Moped

Case Number **1900000661**

4 1

License # **---** St **MA** DOB/Age **-- ----**
Sex **F** Lic. Class **D** [18] [18] Lic. Restrictions [19] **B** CDL Endorsment _____
Operator **THOMAS** (Last) **MIREILLE** (First) (Middle)
Address **65 LAKE AVE**
City **WORCESTER** State **MA** Zip **01604**
Insurance Company **STANDARD FIRE**

Reg # **7AG428** Reg Type **PAN** Reg State **MA**
Veh Year **2017** Veh Make **HONDA** Veh Config. [20] **2**
Owner **(Same as operator)** (Last) (First) (Middle)
Address _____
City _____ State _____ Zip _____

Vehicle Action Prior to Crash [21] **11**
Event Sequence [22] **10** [22] [22] [22]
Most Harmful Event [23] **10**
Driver Contributing Code [24] **1** [24]
Underride/Override [25]   Towed **N**

Damaged Area Code: (Circle Up to Three)
2   3   ④
1 ←   9   5
8   7   6
10 Undercarriage
11 Totaled

12 99

5
Vehicle Travel Direction: N S E W   Responding to Emergency? _____
Citation # (If Issued) _____

6 1
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	- - - - - - - -	- - -	- - -						10	1	

13 2

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7 1

Please Select One of the Following: ☒ Vehicle 2 **0** # Occupants ☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17] ☒ Hit/Run ☐ Moped

8 99

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL Endorsment _____
Operator _____ (Last) (First) (Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company _____

Reg # _____ Reg Type **UNKNOWN** Reg State **XX**
Veh Year **UNKN** Veh Make **UNKNOWN** Veh Config. [20] **1**
Owner _____ (Last) (First) (Middle)
Address _____
City _____ State _____ Zip _____

Vehicle Action Prior to Crash [21] **99**
Event Sequence [22] **2** [22] [22] [22]
Most Harmful Event [23] **2**
Driver Contributing Code [24] **9** [24]
Underride/Override [25]   Towed **N**

Damaged Area Code: (Circle Up to Three)
2   3   4
1 ←   9   5
8   7   6
10 Undercarriage
11 Totaled

Vehicle Travel Direction: N S 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

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	- - - - - - - -	- - -	- - -								

Crash Diagram:

Direction 1 = Vehicle 1   2 = Vehicle 2   Pedestrian

ie: → 1   → 2   → ☺

Tender Green
49 Boylston St

NOT TO SCALE

MV1   MV2

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:

MV1 was parked in the parking stall in front of Tender Greens. An unknown vehicle struck the rear quarter

panel of MV1 causing minor paint damage. MV1 was parked from approximately 1645, until approximately 1842

when police were dispatched. No tows were needed and no injuries were recorded.

There is a camera directly in front of the vehicles. I spoke to Andy McWilliams (617-405-8400) at

Tender Greens who stated the footage would be available for at least two weeks, however was unable to

retrieve it at this time.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MCWILLIAMS , ANDY,	49 BOYLSTON ST NEWTON,MA 02467	------	N

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ 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 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

DANIEL RICHARD POUTAS   NEWTON POLICE DEPARTM   **06/26/2019**

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

CDP1 11 ·24·00