

## Commonwealth of Massachusetts

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |  |   |                        | RMV Document Number  |   |  |  |
|--|--------------------------------|---------------------|--|--|---|------------------------|--|---|--|--|
| Date of Crash<br>08/27/2019  | Time of Crash<br>16:04<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>   |  | Number<br>Vehicles<br>2                     | Number<br>Injured<br>0 | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |  |  |
| <b>AT INTERSECTION:</b>  |                                |                     | < <b>LOCATION</b> >  |  | <b>NOT AT INTERSECTION:</b>                 |                        |  |   |  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____  |                                |                     | EAST 165 NEEDHAM ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____<br>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____ |  |   |                        |  |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |                                |                     |  |  |   |                        |  |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |                                |                     |  |  |   |                        |  |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run   |  | <input type="checkbox"/> Moped              |                        | Case Number 190000878                                      |   |  |  |
| License # _____ St MA DOB/Age _____  |                                |                     | Reg # 4HA965   |  | Reg Type PAN                                |                        | Reg State MA   |   |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____  |                                |                     | Veh Year 2012  |  | Veh Make VOLVO                              |                        | Veh Config. 2 20   |   |  |  |
| Operator GARCIA SARAH<br>Last First Middle   |                                |                     | Owner (Same as operator)   |  | First Middle                                |                        |  |   |  |  |
| Address 943 BOYLSTON ST (apt. A)   |                                |                     | Address _____  |  | First Middle                                |                        |  |   |  |  |
| City NEWTON State MA Zip 02461   |                                |                     | City _____ State _____ Zip _____   |  | First Middle                                |                        |  |   |  |  |
| Insurance Company LIBERTY MUTUAL   |                                |                     | Vehicle Action Prior to Crash 11 21  |  | Damaged Area Code: (Circle Up to Three)     |                        |  |   |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N |                                |                     | Event Sequence 1 22 22 22 22   |  | 2 3 4                                       |                        | 10 Undercarriage   |   |  |  |
| Citation # (If Issued) _____   |                                |                     | Most Harmful Event 1 23  |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        | 11 Totaled   |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____  |                                |                     | Driver Contributing Code 1 24 24   |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        |  |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override 25 Towed Y  |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        |  |   |  |  |
| 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 checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 MA DOB/Age _____  |                                |                     | Reg # 56J140   |  | Reg Type PAN                                |                        | Reg State MA   |   |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____  |                                |                     | Veh Year 2018  |  | Veh Make MERCEDES                           |                        | Veh Config. 2 20   |   |  |  |
| Operator AGUILAR GABRIEL<br>Last First Middle  |                                |                     | Owner (Same as operator)   |  | First Middle                                |                        |  |   |  |  |
| Address 71 HOWE ST   |                                |                     | Address _____  |  | First Middle                                |                        |  |   |  |  |
| City FRAMINGHAM State MA Zip 01702   |                                |                     | City _____ State _____ Zip _____   |  | First Middle                                |                        |  |   |  |  |
| Insurance Company CITIZENS INS   |                                |                     | Vehicle Action Prior to Crash 10 21  |  | Damaged Area Code: (Circle Up to Three)     |                        |  |   |  |  |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N |                                |                     | Event Sequence 2 22 22 22 22   |  | 2 3 4                                       |                        | 10 Undercarriage   |   |  |  |
| Citation # (If Issued) T2015402  |                                |                     | Most Harmful Event 2 23  |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        | 11 Totaled   |   |  |  |
| Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____  |                                |                     | Driver Contributing Code 19 24 99 24   |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        |  |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override 25 Towed Y  |  | 1 2 3 4 5 6 7 8 9 10 11                     |                        |  |   |  |  |
| 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  |                                |                     | -----  |  | ---   |                        |  |   |  |  |
|  |                                |                     |  |  |   |                        |  |   |  |  |
|  |                                |                     |  |  |   |                        |  |   |  |  |
|  |                                |                     |  |  |   |                        |  |   |  |  |

→ 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:**

Based on observations, and statements made, the following occurred.

M/V#1 parked in the parking lot of Stop N Shop on Needham St. She stated that she went shopping, and returned to her vehicle, she observed damage to the left rear. She also found a note from a Kathleen Bateman. The note stated that Kathleen Bateman witnessed an white Mercedes SUV, back into M/V#1, then drive away. She included a MA. REG for the Mercedes (MA REG 56J140).

The operator of M/V#2 was charged with MGL 90/24 Leaving The Scene (Property Damage) citation #T2015402. See NPD incident report #19035938.

**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