

## Commonwealth of Massachusetts

| Police Use Only   |                                |                     | Motor Vehicle Crash Police Report                                      |                     |  |   | RMV Document Number                 |  |                                     |  |
|---|--------------------------------|---------------------|--|---------------------|--|---|-------------------------------------|--|-------------------------------------|--|
| Date of Crash<br>10/05/2019   | Time of Crash<br>14:30<br>24HR | City/Town<br>NEWTON | Number Vehicles<br>1   | Number Injured<br>0 | Speed Limit<br>10<br>Latitude _____<br>Longitude _____ | State Police<br>Local Police<br>MBTA Police<br>Other:   | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >   |                     |  |   | NOT AT INTERSECTION:                |  |                                     |  |
| Route# Direction Name of Roadway/Street<br>At   |                                |                     | NORTH 241 NEEDHAM ST   |                     |  |   |                                     |  |                                     |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |                                |                     | Route# Direction Address # Name of Roadway/Street                      |                     |  |   |                                     |  |                                     |  |
| Route# Direction Name of Intersecting Roadway/Street  |                                |                     | Feet [N S E W] of _____ Mile Marker _____ Exit Number _____            |                     |  |   |                                     |  |                                     |  |
|   |                                |                     | Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ |                     |  |   |                                     |  |                                     |  |
|   |                                |                     | Feet [N S E W] of _____ Landmark _____                                 |                     |  |   |                                     |  |                                     |  |
| <input checked="" type="checkbox"/> Vehicle 1 # Occupants   |                                |                     | <input checked="" type="checkbox"/> Hit/Run                            |                     |  | <input type="checkbox"/> Moped  |                                     |  | Case Number 1900001014              |  |
| License # --- St MA DOB/Age ---   |                                |                     | Reg # 9489   |                     |  | Reg Type PAR  |                                     |  | Reg State MA                        |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Veh Year 2005  |                     |  | Veh Make LEXUS  |                                     |  | Veh Config. 1 20                    |  |
| Operator SINOFSKY BEEBE   |                                |                     | Owner (Same as operator)   |                     |  |   |                                     |  |                                     |  |
| Address 5 TENNYSON RD.  |                                |                     | Address _____  |                     |  |   |                                     |  |                                     |  |
| City NEWTON State MA Zip 02465  |                                |                     | City _____ State _____ Zip _____                                       |                     |  |   |                                     |  |                                     |  |
| Insurance Company CITIZENS INSURANCE  |                                |                     | Vehicle Action Prior to Crash 11 21                                    |                     |  | Damaged Area Code: (Circle Up to Three)   |                                     |  |                                     |  |
| Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? N  |                                |                     | Event Sequence 2 22 22 22 22   |                     |  | 10 Undercarriage  |                                     |  |                                     |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 2 23  |                     |  | 5 11 Totaled  |                                     |  |                                     |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 1 24 24                                       |                     |  |   |                                     |  |                                     |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed N  |                     |  |   |                                     |  |                                     |  |
| 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  |                                |                     | -----  |                     |  | 4 4 0 0 10 1  |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |
| Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input 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 ---  |                                |                     | Reg # ---  |                     |  | Reg Type ---  |                                     |  | Reg State ---                       |  |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____   |                                |                     | Veh Year ---   |                     |  | Veh Make ---  |                                     |  | Veh Config. 20                      |  |
| Operator ---  |                                |                     | Owner ---  |                     |  |   |                                     |  |                                     |  |
| Address ---   |                                |                     | Address ---  |                     |  |   |                                     |  |                                     |  |
| City --- State --- Zip ---  |                                |                     | City --- State --- Zip ---   |                     |  |   |                                     |  |                                     |  |
| Insurance Company ---   |                                |                     | Vehicle Action Prior to Crash 21                                       |                     |  | Damaged Area Code: (Circle Up to Three)   |                                     |  |                                     |  |
| Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? ---  |                                |                     | Event Sequence 22 22 22 22   |                     |  | 10 Undercarriage  |                                     |  |                                     |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 23  |                     |  | 5 11 Totaled  |                                     |  |                                     |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 24 24   |                     |  |   |                                     |  |                                     |  |
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| Operator/Non-Motorist See Above   |                                |                     | -----  |                     |  | 4 4 0 0 10 1  |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |
|   |                                |                     |  |                     |  |   |                                     |  |                                     |  |

→ 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:**

On 10/5/19 at 1430 I responded to the parking lot of the Marshalls Dept store for a past hit and run MVA.

Upon arrival I spoke with the owner/operator of MV#1 who stated she parked her vehicle, went into the store and when she came outside her front driver side bumper was hit. There was moderate damage to the vehicle but she was able to drive it home. There were no injuries.

I checked the department stores for surveillance, which neither the CVS or Marshalls had any exterior cameras facing the parking lot. There were no witnesses on scene and the owner of MV#1 did not see who hit her.

**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

**CHRISTOPHER J BOUDREAU**      **NEWTON POLICE DEPT**      **10/05/2019**

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

CDP1 11 -24-00