

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/25/2019		Time of Crash 16:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 _____				EAST 300 BOYLSTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001095			2	
1				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CUTLER ZACHARY Address 41 PARK ST (apt. 101) City BROOKLINE State MA Zip 02446 Insurance Company COMMERCE				Reg # 8DN213 Reg Type PAN Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				12		
5				Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				13		
6				Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator See Above --- 1 4 99 0 0 10 1 Medical Facility				1		
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		13
8				License # --- St NJ DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator IRVING KACIA Address 865 LOWER FERRY RD (apt. 316) City EWING State NJ Zip 08628 Insurance Company PROGRESSIVE				Reg # B59KJY Reg Type PAN Reg State NJ Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)				14		
4				Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N				15		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- 1 4 99 0 0 10 1 Medical Facility				16						

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

300 Boylston St Parking Garge

Motor Vehicle 2

Motor Vehicle 1

N

*NOT TO SCALE*

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 Friday, October 25th, 2019 at approximately 1635 hours I, Officer Newton and Officer Coletti, were dispatched to the parking garage at 300 Boylston St. for a motor vehicle accident.

Upon arrival I spoke with the operator of vehicle 1. He stated as he was heading towards the exit, vehicle 2 suddenly stopped in front of him. Vehicle 2 then backed into him and started moving forward again. The operator of vehicle 1 then exited the car to stop vehicle 2. The Operator of vehicle 2 then got out of her vehicle.

The operator of motor vehicle 2 stated she was driving and she stopped to back up, as she backed up she thought she hit a curb but then the operator of vehicle 1 was at her window saying she hit him.

As a result of the crash vehicle one sustained very minor front end damage and vehicle 2 had no noticeable

(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

RICHARD NEWTON

NEWTON POLICE DEPT

10/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

