

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/09/2019		Time of Crash 09:36 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 _____				SOUTH 2345 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____															
3		Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 190001265							
4		1		License # --- St MA DOB/Age ---		Reg # 2LR926 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make HOND Veh Config. 1 20					12		
				Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____		Owner VANMIERLO RUTH		Address 16 OUTLOOK DR							
				Operator VANMIERLO FRANK J		City LEXINGTON State MA Zip 02421		City LEXINGTON State MA Zip 02421							
				Insurance Company COMMERCE		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
5				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled							
				Citation # (If Issued) _____		Most Harmful Event 1 23		Driver Contributing Code 1 24 24							
6		2		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Underride/Override 25 Towed Y									
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved													13		
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													2		
Operator See Above -----															
7		1		Please Select One of the Following: Vehicle 2 1 #Occupants		Non-Motorist A Type 14		Action 15		Location 16		Condition 17		Hit/Run	Moped
8		1		License # --- St MA DOB/Age ---		Reg # 943DW2 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make JEEP Veh Config. 2 20							
				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Owner (Same as operator)		Address _____							
				Operator LANG JONATHAN R		City WINCHESTER State MA Zip 01890		City _____ State _____ Zip _____							
				Insurance Company SAFETY		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 2 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled							
				Citation # (If Issued) _____		Most Harmful Event 2 23		Driver Contributing Code 1 24 24							
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Underride/Override 25 Towed Y									
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved													13		
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													2		
Operator/Non-Motorist See Above -----															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Unit 3

Unit 1

Unit 2

Newton Marriott Parking Area

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:

The operator of MV#1, identified as Frank Vanmierlo states that he parked his MV in the Marriott parking area at approx. 7:45AM on 12/9/19. When he returned to his unoccupied MV he found MV#2 making contact with the rear of his MV and his MV was now moved slightly from its original parking spot. MV#2 was unoccupied when Mr. Vanmierlo returned to his MV and we could not locate the registered owner on the Marriott property.

I then spoke with the operator of MV#2 by telephone, identified as Jonathan Lang. Mr. Lang stated that he parked MV#2 in the Marriott parking area at approx. 7:45AM and was not involved in a crash with any other MV while in the parking area. Mr. Lang states that there was another MV parked and unoccupied in the parking space in front of him when he turned left into his parking spot.

Marriott security states that there are no cameras video taping the exterior of the Marriott including the

(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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

parking area.

Interior videotape provided by the Marriott confirms that Mr. Lang entered the front lobby before Mr.

Vanmierlo. Upon further investigation it was determined that an unknown person had informed Mr. Vanmierlo

that a Red Acura had struck his MV while parked in the parking area. Mr. Vanmierlo also confirmed that there was new damage to the front of his MV. No other information available at this time.

It would appear at this time that unknown MV#3 backed into the front of MV#1, pushing MV#1 into the front of MV#2.

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 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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

12/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date