

|   |  |                                |                               |   |  |  |                     |   |                        |  |  |  |   |
|---|--|--------------------------------|-------------------------------|---|--|--|---------------------|---|------------------------|--|--|--|---|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |   |  |  | RMV Document Number |   |                        |  |  |  |   |
| Date of Crash<br>01/07/2020   |  | Time of Crash<br>16:45<br>24HR |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report   |                     | Number<br>Vehicles<br>2                     | Number<br>Injured<br>0 | Speed Limit 0<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |   |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >  |  | NOT AT INTERSECTION:   |                     |   |                        |  |  | 9  |   |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     |  |                                |                               | EAST 325 BOYLSTON ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____   |  |  |                     |   |                        |  |  | 2  |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ |  |                                |                               | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____  |  |  |                     |   |                        |  |  | 10   |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                    |  |                                |                               | Feet [N][S][E][W] of _____<br>Landmark _____  |  |  |                     |   |                        |  |  | 11   |   |
| 3   |  |                                |                               | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run   |                     | <input type="checkbox"/> Moped              |                        | Case Number 2000000023                             |  |  | 6 |
| 1   |  |                                |                               | License # --- St MA DOB/Age ---   |  | Reg # J706   |                     | Reg Type STN                                |                        | Reg State MA                                       |  | 2  |   |
| 4   |  |                                |                               | Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____   |  | Veh Year 2013  |                     | Veh Make JEEP                               |                        | Veh Config. 2 20                                   |  | 7  |   |
| 1   |  |                                |                               | Operator GASSEL REMY<br>Last First Middle   |  | Owner (Same as operator)   |                     | Last First Middle                           |                        |  |  | 12   |   |
|   |  |                                |                               | Address 50-56 BROADLAWN PARK (apt. 304)   |  | Address _____  |                     | Last First Middle                           |                        |  |  |  |   |
|   |  |                                |                               | City BROOKLINE State MA Zip 02467   |  | City _____ State _____ Zip _____   |                     |   |                        |  |  |  |   |
| 5   |  |                                |                               | Insurance Company LM GENERAL  |  | Vehicle Action Prior to Crash 11 21  |                     | Damaged Area Code: (Circle Up to Three)     |                        |  |  |  |   |
| 6   |  |                                |                               | Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N   |  | Event Sequence 1 22 22 22 22   |                     | 2 3 4                                       |                        | 10 Undercarriage                                   |  | 13   |   |
| 1   |  |                                |                               | Citation # (If Issued) _____  |  | Most Harmful Event 1 23  |                     | 1 24 24                                     |                        | 5 11 Totalled                                      |  | 2  |   |
|   |  |                                |                               | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  | Driver Contributing Code 1 24 24   |                     | Underride/Override 25 Towed N               |                        |  |  |  |   |
|   |  |                                |                               | 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 ----- --- 1 4 4 0 0 10 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 |                     | <input checked="" type="checkbox"/> Hit/Run |                        | <input type="checkbox"/> Moped                     |  | 9  |   |
| 8   |  |                                |                               | License # --- St MA DOB/Age ---   |  | Reg # 8SV842   |                     | Reg Type PAN                                |                        | Reg State MA                                       |  | 13   |   |
| 1   |  |                                |                               | Sex F Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL _____   |  | Veh Year 2013  |                     | Veh Make HONDA                              |                        | Veh Config. 1 20                                   |  | 2  |   |
|   |  |                                |                               | Operator JACOBS MIRANDA<br>Last First Middle  |  | Owner (Same as operator)   |                     | Last First Middle                           |                        |  |  |  |   |
|   |  |                                |                               | Address 28A MARION ST   |  | Address _____  |                     | Last First Middle                           |                        |  |  |  |   |
|   |  |                                |                               | City NATICK State MA Zip 01760  |  | City _____ State _____ Zip _____   |                     |   |                        |  |  |  |   |
|   |  |                                |                               | Insurance Company COMMERCE  |  | Vehicle Action Prior to Crash 10 21  |                     | Damaged Area Code: (Circle Up to Three)     |                        |  |  |  |   |
|   |  |                                |                               | Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N   |  | Event Sequence 2 22 22 22 22   |                     | 2 3 4                                       |                        | 10 Undercarriage                                   |  | 13   |   |
|   |  |                                |                               | Citation # (If Issued) T2013367   |  | Most Harmful Event 2 23  |                     | 1 24 24                                     |                        | 5 11 Totalled                                      |  | 2  |   |
|   |  |                                |                               | Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____   |  | Driver Contributing Code 10 24 24  |                     | Underride/Override 25 Towed N               |                        |  |  |  |   |
|   |  |                                |                               | 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 ----- --- 99 4 99 0 0 99 1  |  |  |                     |   |                        |  |  |  |   |
|   |  |                                |                               |   |  |  |                     |   |                        |  |  |  |   |
|   |  |                                |                               |   |  |  |                     |   |                        |  |  |  |   |
|   |  |                                |                               |   |  |  |                     |   |                        |  |  |  |   |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

325 Boylston St.

Unit 2    Unit 1

Gas pumps

Witness 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:**

At approximately 1645HRS on Tuesday, 01/07/2020, I was dispatched to 325 Boylston St. (Sunoco Gas) for a report of a hit and run motor vehicle crash. Upon arrival, I spoke with the operator of MV1 (MA Veteran:J706), who stated that as he sat stationary in his vehicle just before entering pump: 3, MV2 backed up from pump: 1 and struck MV1 in the front bumper, despite him activating his horn and keeping it active as she continued to back up. The operator of MV1 then approached the driver's side door of MV2 to exchange information, however the operator of MV2 drove off; the operator of MV1 provided MA Pass: 8SV842 being attached to MV2 and I noted damage to the front bumper of MV1. I spoke to witness 1 via phone and he concurred with the operator of MV1's account of the incident. It should be noted that witness 1 could see the crash well from his vantage point by pump: 2. The operator of MV2 could not be reached by this officer for

(Continued on next page)

**Witnesses:**

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| MOREY, JOHN,               | ,       | ----    | 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

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 G HOWES                | 38804     | NEWTON POLICE DEPART | 01/07/2020        |
| Police Officer Name (Please Print) | Signature | ID/Badge #           | Department        |
|                                    |           |                      | Precinct/Barracks |
| CDP1 11 -24:00                     |           |                      | Date              |

**Crash Narrative:**

comment. Natick PD responded to the operator of MV2's residence and observed damage to MV2's rear bumper. They requested the operator of MV2 contact me via phone and she stated she would; Natick PD did not get a contact number for her. Natick PD informed us to expect her call and a few minutes later, dispatcher Kelly stated that she received a call from the operator of MV2, who immediately hung up once the call was answered. It should be noted that since she called on the business line and immediately hung up, we were not able to retrieve her phone number as the system does not store it. Due to the operator of MV2 failing to provide her information after the crash/fleeing the scene and her not being cooperative with my investigation, I have issued her by mail MA Criminal Citation:T2013367 for violating one count of MGL. Ch. 90 S. 24 (Leaving The Scene Of An Accident After Property Damage). Note: the clerk at Sunoco stated that the cameras at the

(Continued on next page)

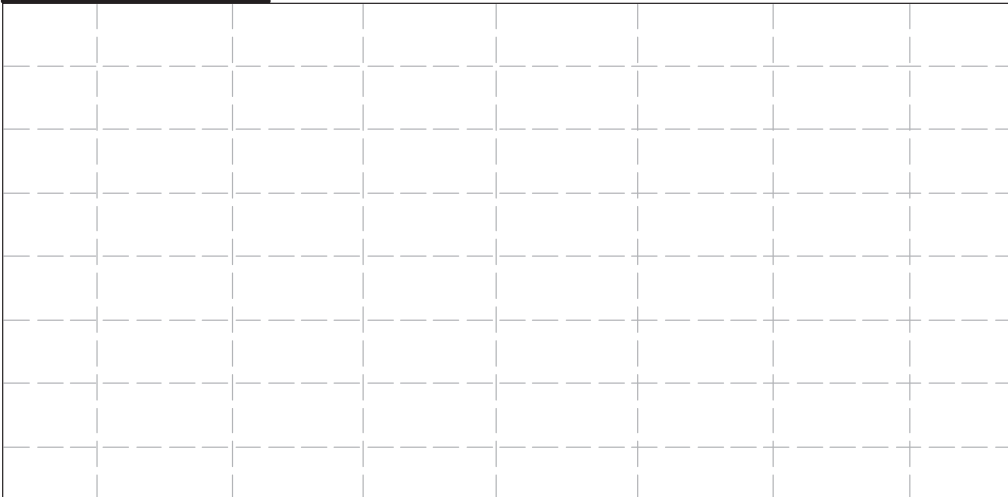
| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

|                                    |           |            |                    |                   |            |
|------------------------------------|-----------|------------|--------------------|-------------------|------------|
| CHRISTOPHER G HOWES                |           | 38804      | NEWTON POLICE DEPT |                   | 01/07/2020 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department         | Precinct/Barracks | Date       |
| CDP1 11:24:00                      |           |            |                    |                   |            |

→ 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:

pumps do not store footage.

**\*\*Update\*\***

At approximately 1540HRS on Thursday, 01/07/2020, I spoke with the operator of MV2 via telephone. She contacted the Newton Police Traffic Bureau and provided her phone number, who in turn forwarded it to me. She stated to me that on the night in question, she was at the pumps and the pump she initially wished to use (pump: 1) had a sign on it to pay inside. She then elected not to use said pump and backed her car up and heard the operator of MV1 activate his horn. She stopped and was unaware that she struck MV1. When she saw the operator of MV 1 exit his vehicle, she assumed he was going to pump gas. She then stated she left the gas station because she was frustrated and did not intend to leave the scene of an accident. I

(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 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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

01/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

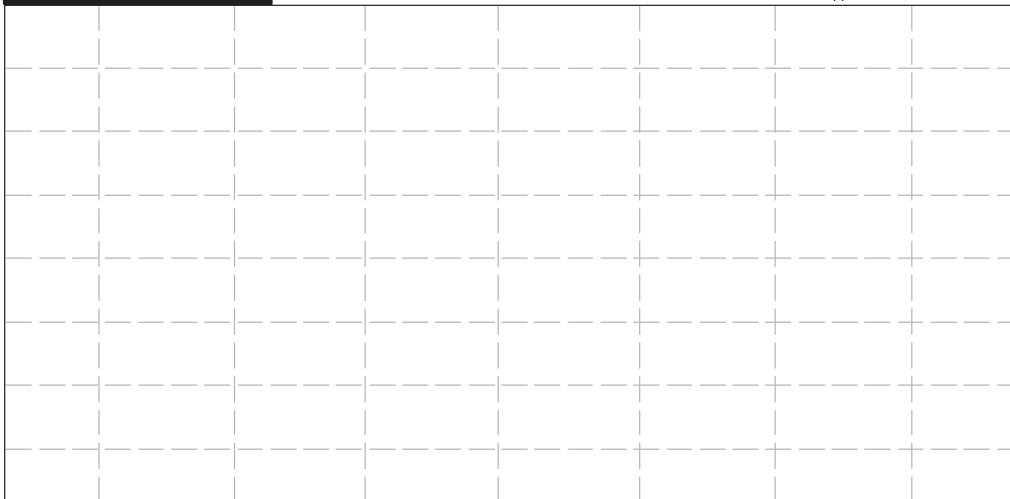
Precinct/Barracks

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:

advised the operator of MV2 that since I was unable to speak with her that night, I had already issued her  
MA Criminal Citation:T2013367 for violating one count of MGL. Ch. 90 S. 24 (Leaving The Scene Of An  
Accident After Property Damage) via mail and advised her how to proceed.

---

---

---

---

---

---

---

---

---

---

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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

01/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date