

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2020	Time of Crash 18:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At			2 WEST 50 WINCHESTER ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number							
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Landmark							
3 Route# Direction Name of Intersecting Roadway/Street			11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000109			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LIBERTY MUTUAL			Reg # S79977 Reg Type CON Reg State MA Veh Year 2016 Veh Make FRHT Veh Config. <input type="checkbox"/> 13 <input type="checkbox"/> 20 Owner UPS Last _____ First _____ Middle _____ Address 15 ARLINGTON STREET City WATERTOWN State MA Zip 02472-5002 Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			7 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 Operator Operator Operator							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 97 Action <input type="checkbox"/> 3 15 Location <input type="checkbox"/> 5 16 Condition <input type="checkbox"/> 97 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
6 License # _____ St _____ DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator SIPICINA INGA Last _____ First _____ Middle _____ Address 10 SAVIN ST City DEDHAM State MA Zip 02026 Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			12 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____ Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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 1/29/20 at approximately 1835 hrs I responded to 50 Winchester St for a report of a MVA hit and run. Upon arrival I spoke with the owner of Tile in Style which is located at this address. Inga Sipicina stated that at 1050 hrs a brown UPS truck bearing S79977 struck a sign that was attached to the building above the entrance in two different locations. Inga stated the truck then took off. The sign had clear but minimal damage. A branch manager from UPS later came to the store to speak with Inga and her husband Slava and stated they would be in contact with them but didn't leave any information. I attempted to call the business but it was after hours and left a message. There were no injuries involved in this accident. On 2/4/20 I again attempted to contact UPS with negative results.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SIPICINA, INGA,	50 WINCHESTER ST NEWTON, MASSACHUSETTS 0		97	TILE IN STYLE

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 DEPART 01/29/2020

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

CDP1 11 -24:00