Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/31/2020	12:45 24HR	NEWTON	2	0	5			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 / 9 — Route# EAST | Direction | 199 Address # | BOYLSTON ST Name of Roadway/Street

2 / 10 — ____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number

____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street

3 / 11 — ____ Feet [N S E W] of Landmark

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000113

License # --- St MA DOB/Age -- -- ----

Sex F | Lic. Class D 18 18 | Lic. Restrictions B 19 | CDL ____ Endorsment

4 / 1 — Operator MEJIA (Last) ADA (First) E (Middle)

Address 6 FORD ST (apt. 1)

City E. BOSTON State MA Zip 02128

Insurance Company PILGRIM

5 / 2 — Vehicle Travel Direction: [N S ☒ W] Responding to Emergency? N

Citation # (If Issued)____

6 / 1 — Violation 1: Ch____Sec____ Violation 2: Ch____Sec____

Violation 3: Ch____Sec____ Violation 4: Ch____Sec____

Reg # 7YXP40 Reg Type PAN Reg State MA

Veh Year 2011 Veh Make TOYOTA Veh Config. 1 (20)

7 / 12 — Owner (Same as operator) (Last) (First) (Middle)

Address ____

City ____ State____ Zip ____

Vehicle Action Prior to Crash 11 (21)

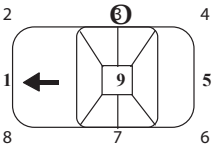
Event Sequence 1 (22) | 22 | 22 | 22 | 22

Most Harmful Event 2 (23)

Driver Contributing Code 1 (24) | 24

Underride/Override 25 | Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

2 / 13 — 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	--------	---	---						10	1	

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

License # --- St MA DOB/Age -- -- ----

Sex F | Lic. Class D 18 18 | Lic. Restrictions B 19 | CDL ____ Endorsment

8 / 4 — Operator BUTLER (Last) CYNTHIA (First) D (Middle)

Address 11 PLAYSTEAD RD (apt. 1)

City NEWTON State MA Zip 02458

Insurance Company LM GENERAL

Vehicle Travel Direction: [☒ S E W] Responding to Emergency? N

Citation # (If Issued)____

Violation 1: Ch____Sec____ Violation 2: Ch____Sec____

Violation 3: Ch____Sec____ Violation 4: Ch____Sec____

Reg # 10RK13 Reg Type PAN Reg State MA

Veh Year 2011 Veh Make SUBARU Veh Config. 1 (20)

Owner (Same as operator) (Last) (First) (Middle)

Address ____

City ____ State____ Zip ____

Vehicle Action Prior to Crash 3 (21)

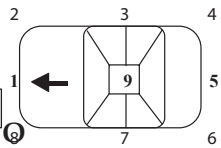
Event Sequence 2 (22) | 22 | 22 | 22 | 22

Most Harmful Event 2 (23)

Driver Contributing Code 99 (24) | 24

Underride/Override 25 | Towed Y

Damaged Area Code: (Circle Up to Three)



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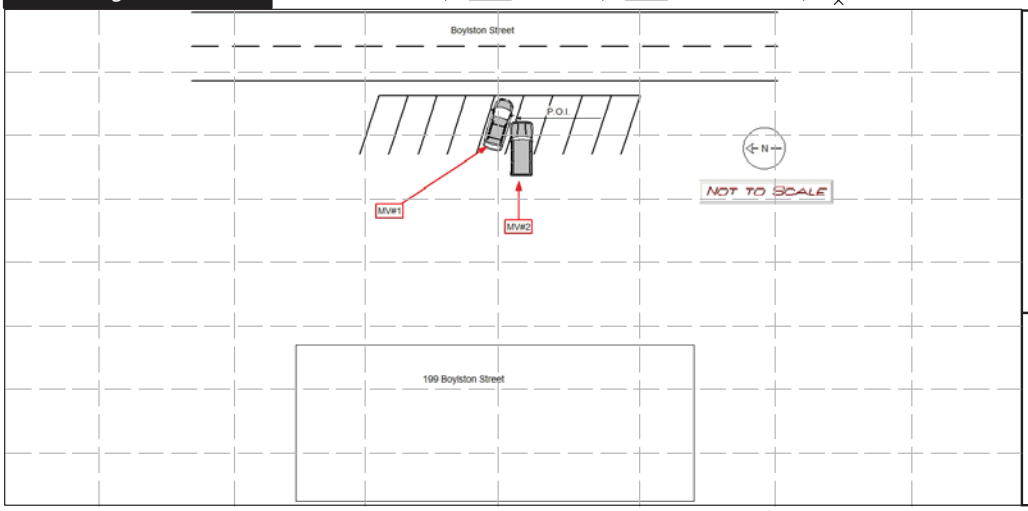
Operator/Non-Motorist	See Above	--------	---	---						10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

MV#1 was parked in a stall of the parking lot of 199 Boylston Street when it was struck by MV#2. The owner and operator of MV#2 left the area, however, during an investigation of the mater the owner and driver was identified and located.

-OpMv#1 stated that approximately 1140 she parked her vehicle in a parking stall in the parking lot of 199 Boylston Street. She stated she returned, approximately, an hour later and discovered the damage to her vehicle.

-OpMv#2 stated, via telephone, she was at 199 Boylston Street, was operating MV#2, however,that she did not know she had struck Mv#2. She stated it was a very tight parking space but did park in the stall.

- While at the scene I observed a scrape on the door of MV#1 front right passenger door. I next observed that

(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]

DAVID A. CALDERON			NEWTON POLICE DEPARTM		01/31/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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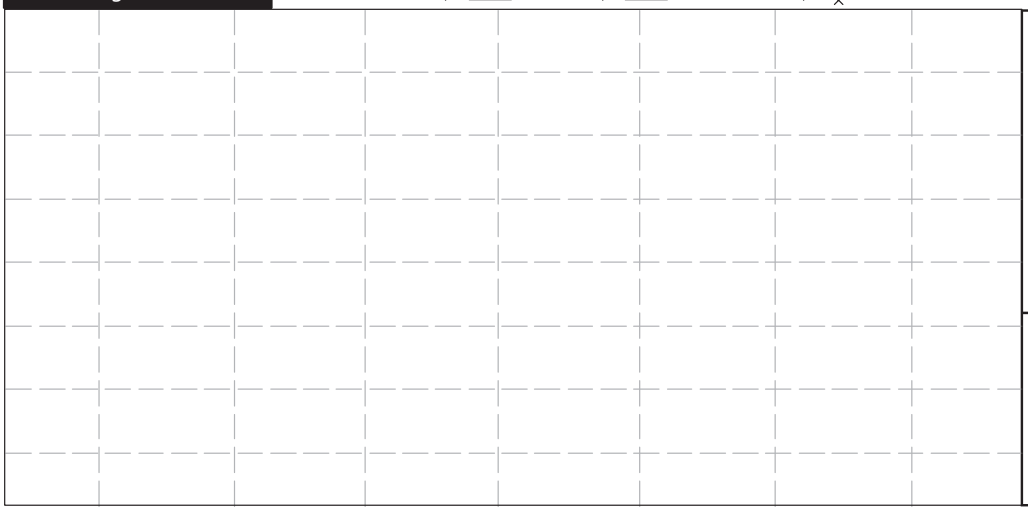

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Crash Narrative:

MV#2 very close to MV#1 making it very difficult to move between vehicles. I also observed that MV#2 was parked very far forward than the vehicle on the right. I observed a scrape on the front bumper with traces of white paint into it; it appeared to be paint transference.

-Neither vehicle was towed from the scene and since neither driver was in the vehicle at the time of the collision there were no injuries reported.

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