

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/02/2020	Time of Crash 14:10 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 165 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				5 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000118		
License # --- St MA DOB/Age ---			Reg # 542DV3 Reg Type PAS Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2003 Veh Make TOYOTA Veh Config. 1 20		
Operator BERLEUS BOBSON Last First Middle			Owner BERLEUS JEAN CLAUDE Last First Middle			Address 362 RINDGE AVE (apt. 7M)			Address 362 (apt. 7M) RINDGE AVE		
City CAMBRIDGE State MA Zip 02140			City CAMBRIDGE State MA Zip 02140			Insurance Company PLYMOUTH ROCK ASSURANCE CORPORATION			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) ---			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled			2 12		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Please fill out for operator and all occupants involved			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		
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Operator See Above			Age/DOB --- Sex ---			Operator		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---		
			Operator --- Last First Middle			Owner --- Last First Middle			Veh Year --- Veh Make --- Veh Config. 20		
			Address ---			Address ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
			City --- State --- Zip ---			City --- State --- Zip ---			Event Sequence 22 22 22 22		
			Insurance Company ---			Insurance Company ---			Most Harmful Event 23		
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			Please fill out for operator and all occupants involved			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			Age/DOB --- Sex ---			Operator		

→ 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:

On 02/02/20 at approximately 14:10 I met with Bobson Berleus who parked his fathers car (Mass Reg#542DV3 -2003 Toyota Camry Grey) in a parking spot outside of Boston Ballet School at around 06:00 while he went to work inside T.J. Maxx. When Berleus returned to the vehicle at around 14:00, he found that it had been struck on the front drivers side fender. I spoke with Stop & Shop Manager Jim Boucher (where Berleus also works) and he was going to look at security footage of today and try to see if he could locate the accident. There are no cameras from the Ballet School in the direction where Berleus parked.

*****UPDATE*****

As of my 02/09/20 at approximately 11:00, I have yet to hear back from Manager Jim Boucher or anyone else from Stop & Shop. I will now consider this investigation closed unless I am contacted in the future with new

(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

ZACHARY S RAYMOND	NEWTON POLICE DEPART	02/02/2020
Police Officer Name (Please Print)	Signature	ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

♀ Pedestrian

[illegible]

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

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

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CDP1 11 -24:00