

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/04/2020		Time of Crash 09:29 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				200 BOYLSTON ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ Mile Marker _____ Exit Number _____									
				Feet N S E W of _____ Route# Intersecting Roadway/Street WEGMANS PARKING LOT								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000212							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator JONES JOYA Address 39 STOUGHTON ST City RANDOLPH State MA Zip 02368 Insurance Company GOVERNMENT EMPLOYEE				Reg # 92Y990 Reg Type PAN Reg State MA Veh Year 2014 Veh Make JEEP Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N X 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 _____													
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												1	
Operator See Above													
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PIRES NATANIEL Address 5 PURCHASE ST City TAUNTON State MA Zip 02780 Insurance Company PLYMOUTH ROCK				Reg # 7FH643 Reg Type PAN Reg State MA Veh Year 2008 Veh Make JEEP Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N								13	
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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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Boylston St

Wegmans

NOT TO SCALE

N

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 Wednesday, March 4, 2020 at approximately 0929 I was dispatched to the parking lot behind Wegmans on Boylston St for an MVA.

Operator of MV 1 stated she was taking a left out of the parking lot when she struck MV 2. She stated she did not see MV 2 coming and thought it was safe to pull out.

Operator of MV2 stated he was traveling straight through the parking lot when MV 1 suddenly pulled out of the parking lot and struck his vehicle.

Both parties declined medical attention and both vehicles were able to drive away from the scene safely.

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

RICHARD NEWTON NEWTON POLICE DEPT 03/04/2020

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

CDP1 11 -24:00