

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/10/2020	Time of Crash 12:27 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 300 NEEDHAM ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000290		
License # --- St MA DOB/Age ---			Reg # 31GN14 Reg Type PAS Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 2012 Veh Make HONDA Veh Config. 2 20		
Operator SHORE MATTHEW RYAN			Owner SHORE JON B			Address 148 TRUMAN RD			City NEWTON State MA Zip 02459		
Insurance Company USAA CASUALTY INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 20 22 21 22 30 22 22 2 3 4		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 30 23			Driver Contributing Code 97 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled		
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/Non-Motorist See Above		
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 _____			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2 3 4		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NEEDHAM ST

METAL FENCE

Unit 1

#300 NEEDHAM ST

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:

Operator of veh#1 stated he was parked inside the lot of #300 Needham St. in a parking spot. When he attempted to back out, he forgot this vehicle was in drive when he gave it gas. He then struck some bushes and a metal fence surrounding the property. The operator then panicked and drove home. Once at home he realized he should go back to the scene and was on his way back when the Police contacted his father. The operator and father showed up on scene and gave me the proper information. I gave the operator of verbal warning for leaving the scene and advised him that if he had not come back on scene there would have been a criminal citation issued. He and his father thanked me and left without any further issues. I called the Property Manager- Paul (978) 884-3045 for this building and left a message asking him to call me back with the owners information.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PATEL, SAM,	300 NEEDHAM ST NEWTON, MA 02464	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
L.L.C., 300 NEEDHAM ST,	328 BARRY AVE SOUTH WAYZATA, MINNESOTA 55391	952-767-2508	97	DAMAGED BUSHES AND METAL FENCE

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

ZACHARY S RAYMOND

NEWTON POLICE DEPARTMENT

05/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date