

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/22/2020		Time of Crash 12:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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				SOUTH 38 LANGLEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000302						3	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GIRGINIS ANNA Address 21 PARKER ST (apt. 23) City NEWTON State MA Zip 02461 Insurance Company CITIZENS INSURANCE CO				Reg # 5NT350 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20 Owner GIRGINIS AMANDA M Address 21 RALPH ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 99 24 24 11 Totaled Underride/Override 25 Towed N								12	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				99 4 99 0 0 10 1								2	
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												7 1	
License # --- St NH DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator SANTIAGO DIANA Address 627 HARVARD ST (apt. 1) City MANCHESTER State NH Zip 03103 Insurance Company UNKNOWN				Reg # 4596780 Reg Type PASS Reg State NH Veh Year 2001 Veh Make VOLKSWAGON Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N								8 4	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above				10 1									

→ 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 5/22/20 at approx 1245 I responded to the Dunkin Donuts for a report of a MVA Hit and Run. Upon arrival I spoke with the RP and vehicle owner Diana Santiago who stated she was working inside Dunkin Donuts when one of her employees told her that her car was just struck. Ms. Santiago came out and approached the operator of MV#1 who doesn't speak english well but stated she didn't hit the car, and then left the area.

I spoke with the registered owner of MV#1 who stated her mother-in-law was driving the vehicle and that she lives on Parker St. Ofc. Gabriel went over to speak with her and confirmed the vehicle was involved in an accident with rear end damage. Ms. Girginis stated she didn't even realize she was involved in an accident.

MV#2 was parked on Langley Rd as MV#1 was backing up to get out of her parking spot and struck MV#2. There was light damage and no injuries to report.

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

CHRISTOPHER J BOUDREAU

NEWTON POLICE DEPART

05/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date