

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/12/2020		Time of Crash 20:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
Route# Direction Name of Roadway/Street At				EAST 200 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11		
1 3		2 1		3 1		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000375		
4 1		5 2		6 1		License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Reg # 928YJ1 Reg Type PAN Reg State MA		Veh Year 2011 Veh Make TOYT Veh Config. 1 20		Owner ZOLL LUCHEN Address 5 QUINCY ST City WATERTOWN State MA Zip 02472		12 99
5 2		6 1		7 1		Operator Last First Middle Address City State Zip Insurance Company GOVT EMPLOYEE INS		Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled		13 2		
8 99		9 99		10 99		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						13 2
9 99		10 99		11 99		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 Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Reg # Reg Type Reg State		Veh Year Veh Make Veh Config. 20		13 2
10 99		11 99		12 99		Operator Last First Middle Address City State Zip Insurance Company		Owner Last First Middle Address City State Zip		Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled		13 2
11 99		12 99		13 99		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						13 2

→ 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:

Owner of MV1 States he entered Wegmans on 200 Boylston St at 1930Hrs. Parked vehicle in the 1st level of the parking garage and went shopping. Upon exiting the store and returning to his vehicle he observed markings on the back left passengers side. Owner stated markings weren't there prior to entering the store. Cameras are in the garage and security was contacted to obtain video footage.

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

REID LARSON NEWTON POLICE DEPT 07/12/2020

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

CDP1 11 -24:00