

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/29/2020		Time of Crash 20:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 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				WEST 1641 BEACON ST		Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark						2	
												10	
												11	
												3	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000412							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State MA Veh Year _____ Veh Make HONDA Veh Config. 1 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 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 _____								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator Address Age/DOB Sex Medical Facility Operator See Above -----								13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												2	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator IANIERE ALICIA L Address 32 BREWSTER RD City NEWTON State MA Zip 02461 Insurance Company AMICA Vehicle Travel Direction: N S 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 _____				Reg # 1JXF31 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYT Veh Config. 1 20 Owner TOYOTA LEASE TRU Address PO BX 105386 City ATLANTA State GA Zip 30348 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 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 _____								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist Address Age/DOB Sex Medical Facility Operator/Non-Motorist See Above ----- CULLEN, KATHERINE 32 BREWSTER RD NEWTON, MA 02461 ----- F 3 1 4 99 0 0 9 1									

→ 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:

I responded to 1641 Beacon St. for a report of an MVA/Hit &Run. I arrived on location and spoke with Alicia Ianiere MA OLN#S84312664. Alicia's vehicle was parked when the car was hit by a passing vehicle. Alicia was inside a restaurant picking up food. The vehicle was occupied by her daughter Katherine Cullen 23 Y.O., who was seated in the front passenger seat, at the time of the collision. Katherine stated she had some stiffness in her neck. EMS responded to the scene to evaluate her. There was no airbag deployment. Katherine was cleared by EMS, she was not transported.

The vehicle that was hit was MA Reg. 1JXF31; 2018 Toyota/Camry sedan color brown. The vehicle was hit by an unidentified vehicle. RP Alicia Ianiere stated the vehicle struck the rear of her vehicle as it was parked in front of 1641 Beacon St. The vehicle continued Westbound failing to stop. Ianiere's Vehicle sustained

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SHULER, DYLAN,	,	----	N

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

→ 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:

damage to the rear driver's side.

There were several people seated at an outside area of a nearby restaurant. Those I spoke with heard the crash but did not actually observe the collision. There was one witness identified who stated he observed the collision. witness was identified as Dylan Shuler 24 Y.O..

Mr. Shuler described the other vehicle as a "silver 2 door Honda Civic. He stated the plate was either MA Reg. 6EJZ30 or 6ZJZ30. A query of the possible plates came back not matching the vehicle description. The other witnesses also described a silver 2 door Honda. Nobody else observed a plate number.

Alicia Ianieri was advised to notify her Ins. company and that I would document the accident as a MVA Hit&Run.

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

DANIEL S SULLIVAN

NEWTON POLICE DEPT

07/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date