

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																					
Date of Crash 08/30/2020		Time of Crash 18:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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				9 EAST 176 BOYLSTON ST		Route# Direction Address # Name of Roadway/Street						2 10																
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ or _____ Exit Number		Feet N S E W of _____ HAMMOND POND PARKWAY						11																
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street						3																
Route# Direction Name of Intersecting Roadway/Street				Landmark																								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000485																						
License # --- St MA DOB/Age ---				Reg # 344MH8 Reg Type PAN Reg State MA																								
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make TOYOTA Veh Config. 2 20																								
Operator GILLESPIE PATRICK J				Owner (Same as operator)								7 12																
Address 190 CHURCH STREET				Address																								
City WEST ROXBURY State MA Zip 02132				City State Zip																								
Insurance Company METROPOLITAN PROPERTY COMPANY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage																						
Citation # (If Issued) _____				Most Harmful Event 1 23		5 11 Totaled																						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 9 6																						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																								
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		-----		---		1		4		2		0		0		10		1						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 CT DOB/Age ---				Reg # 1AMS78 Reg Type PAN Reg State MA																								
Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make NISSAN Veh Config. 2 20																								
Operator DA ROSA MIRIAM LOPEZ				Owner (Same as operator)																								
Address 70 OAK STREET EXT (apt. 1D)				Address																								
City BROCKTON State MA Zip 02301				City State Zip																								
Insurance Company GEICO (POLICY 4630-71-55-24)				Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage																						
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Operator/Non-Motorist				See Above		-----		---		1		4		4		0		0		10		1						
DE PINA, KORINA						-----		F		3		1		4		4		0		0		10		1				
SOARES, CANDIDA						-----		F		4		1		4		4		0		0		10		1				
ANDRADE, MARIA						-----		F		6		1		4		4		0		0		10		1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BOYLSTON STREET RTE 9 EASTBOUND

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:

On Sunday 8/30/2020 at approximately 1839 hours while assigned to marked unit n499 I was dispatched to the parking lot of Milton's (176 Boylston Street) for a report of a minor motor vehicle crash with no injuries.

Upon arrival I spoke to the operator, GILLESPIE Patrick, of motor vehicle #1. Patrick states that he was driving westbound through the Milton's Parking lot trying to get to the exit of 200 Boylston Street (Chestnut Hill Square). While he was travelling straight motor vehicle #2 started backing out of a parking space in front of Miltons and struck his vehicle on the drivers side.

After speaking with Patrick I spoke to the operator of motor vehicle 2, DE ROSA LOPES Miriam, who states she was backing out of a parking space and didn't see motor vehicle #1 behind her. striking the vehicle with the

(Continued on next page)

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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPARTM 08/30/2020

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

CDP1 11 -24:00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

rear end of hers.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPARTMENT

08/30/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____