

|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
|--|--|--------------------------------|-------------------------------|--|--|--|---------------------|---|---------------------|---|--|--|--|--|--|--|
| Police Use Only  |  |                                | Commonwealth of Massachusetts |  |  |  | RMV Document Number |   |                     |   |  |  |  |  |  |  |
| Date of Crash<br>09/07/2020  |  | Time of Crash<br>12:07<br>24HR |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report   |                     | Number Vehicles<br>1  | Number Injured<br>0 | Speed Limit 15<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/>   |  |  |  |  |
| AT INTERSECTION:   |  |                                |                               | < LOCATION >   |  | NOT AT INTERSECTION:   |                     |   |                     |   |  | 9  |  |  |  |  |
| Route# Direction Name of Roadway/Street<br>At<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street   |  |                                |                               | WEST 916 WALNUT ST   |  | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number<br>Feet N S E W of _____<br>Route# Intersecting Roadway/Street<br>Feet N S E W of _____<br>Landmark |                     |   |                     |   |  | 2  |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  | 10   |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  | 11   |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  | 4  |  |  |  |  |
| 1  |  | 2                              |                               | 3  |  | Vehicle 1 0 #Occupants   |                     | Hit/Run   |                     | Moped   |  | Case Number 200000501  |  |  |  |  |
| 4  |  | 1                              |                               | 5  |  | 6  |                     | 1   |                     | 13  |  | 2  |  |  |  |  |
| License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS |  |                                |                               | Reg # 97AN88 Reg Type PAS Reg State MA<br>Veh Year 2016 Veh Make LANDROVER Veh Config. 20<br>Owner PERELMAN EUGENIA<br>Address 27 TIMSON PATH<br>City NEWTON State MA Zip _____<br>Vehicle Action Prior to Crash 11 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed N |  |  |                     | Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>5 11 Totaled<br>9  |                     |   |  | 7  |  |  |  |  |
| 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  |  |                                |                               |  |  |  |                     |   |                     |   |  | 2  |  |  |  |  |
| Operator See Above   |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
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|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
| 7  |  |                                |                               | 9  |  |  |                     | Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped  |                     |   |  |  |  |  |  |  |
| 8  |  |                                |                               | 1  |  |  |                     | License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____<br>Vehicle Travel Direction: N S E W Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                     |   |  | Reg # _____ Reg Type _____ Reg State _____<br>Veh Year _____ Veh Make _____ Veh Config. 20<br>Owner _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 21<br>Event Sequence 22 22 22 22 2<br>Most Harmful Event 23<br>Driver Contributing Code 24 24<br>Underride/Override 25 Towed _____<br>Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>5 11 Totaled<br>9 |  |  |  |  |
| 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  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |
|  |  |                                |                               |  |  |  |                     |   |                     |   |  |  |  |  |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WALNUT ST

#916 WALNUT ST- WHOLE FOODS

Unit 1-PARKED P.O.I.

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:**

The owner of veh #1 parked in the parking lot of Whole Foods # 916 Walnut St at approximately 11:45a. When she came out approximately a half hour later, her vehicle Mass Reg #97AN88 had been struck on the drivers side rear quarter by a larger white vehicle (minor damage). A canvass of the parking lot revealed negative results. I spoke with the manager inside Whole Foods and she confirmed that there are no cameras outside in the lot.

**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

ZACHARY S RAYMOND

NEWTON POLICE DEPART

09/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date