

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 12/01/2020		Time of Crash 11:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 15 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					
1 1	200 BOYLSTON ST												2				
	Route#		Direction		Name of Roadway/Street			Route#		Direction		Address #		Name of Roadway/Street			10
	At					Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____											
2 1	Route#		Direction		Name of Intersecting Roadway/Street			Route#		Direction		Address #		Name of Intersecting Roadway/Street			11
	Also at Intersection with					Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							3				
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 200000687							
4 2	License # --- St MA DOB/Age ---					Reg # 6KR971 Reg Type PAN Reg State MA								12			
	Sex F Lic. Class D 18 18		Lic. Restrictions B 19		CDL _____		Veh Year 2017 Veh Make HYUNDAI		Veh Config. 2 20								
	Operator LEE SUNGMI		Endorsment _____			Owner FOSTER ROBERT		First Middle _____									
5 1	Address 314 ELLIOT STREET					Address 314 ELLIOT ST											
	City NEWTON State MA Zip 02464					City NEWTON State MA Zip 02464											
	Insurance Company LIBERTY MUTUAL					Vehicle Action Prior to Crash 1 21					Damaged Area Code: (Circle Up to Three)						
6 1	Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2					10 Undercarriage						
	Citation # (If Issued) N/A					Most Harmful Event 1 23					5 11 Totaled						
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24											
7 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N											
	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																
8 4	Operator					See Above											
9 3	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																
	License # --- St CT DOB/Age ---					Reg # AR52330 Reg Type PAN Reg State CT											
	Sex F Lic. Class D 18 18		Lic. Restrictions B 19		CDL _____		Veh Year 2018 Veh Make JEEP		Veh Config. 2 20								
10 4	Operator ADAMS AVERY		Endorsment _____			Owner (Same as operator)		First Middle _____									
	Address 893 E 4TH STREET (apt. 3)					Address _____											
	City BOSTON State MA Zip 02127					City _____ State _____ Zip _____											
11 4	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 1 21					Damaged Area Code: (Circle Up to Three)						
	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2					10 Undercarriage						
	Citation # (If Issued) T0115918					Most Harmful Event 1 23					5 11 Totaled						
12 4	Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch 90/23/T Sec _____					Driver Contributing Code 4 24 24											
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N											
	Please fill out for operator and all occupants involved																
13 4	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:

200 Boylston Street - Wegmans

Wegmans Parking Garage - Second Floor

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 Tuesday, December 01, 2020, while assigned to Traffic unit N525, I responded to the rear parking lot of 200 Boylston Street, Newton for a report of a motor vehicle crash. I spoke with the reporting party and operator of MV1, Sungmi Lee (S54407875). Ms. Lee stated she was operating her 2017 Hyundai Santa Fe (MA: 6KR971) Eastbound through the second floor of the Wegmans parking garage, a public right of way. The area she was traveling through is designated for one way travel with a vehicle ramp to her right that allows access for vehicle to go up or come down from the third floor. Ms. Lee stated MV2 (2018 Jeep Compass, CT: AR52330), traveled down the ramp from the third floor and did not stop at the stop sign at the entrance to the second floor. Ms. Lee stated the front end of MV2 crashed into the passenger side of her vehicle. I observed damage to the passenger side area of MV1. Ms. Lee stated her neck was sore from the

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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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

crash but declined having EMS respond to evaluate her.

Ms. Lee stated both vehicles pulled over to exchange information after the crash. Ms. Lee stated the operator of the other vehicle, Avery Adams, stated to her she was at fault for the crash. Ms. Lee stated she noticed the license Ms. Adams showed her was expired. Ms. Adams left the area after they exchanged information and Ms. Lee contacted Newton PD about Ms. Adams' license status. I queried Ms. Adams' license and registration status through Newton PD Dispatch who informed me both were suspended.

I spoke with Ms. Adams via telephone. Ms. Adams stated she was traveling down the ramp to the second floor of the parking garage and came to stop at the stop sign. Ms. Adams stated she began making her turn onto the second floor when MV1 sped up to go around her. Ms. Adams stated the front driver side of her vehicle

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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

MICHAEL R GAUDET

NEWTON POLICE DEPT

12/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

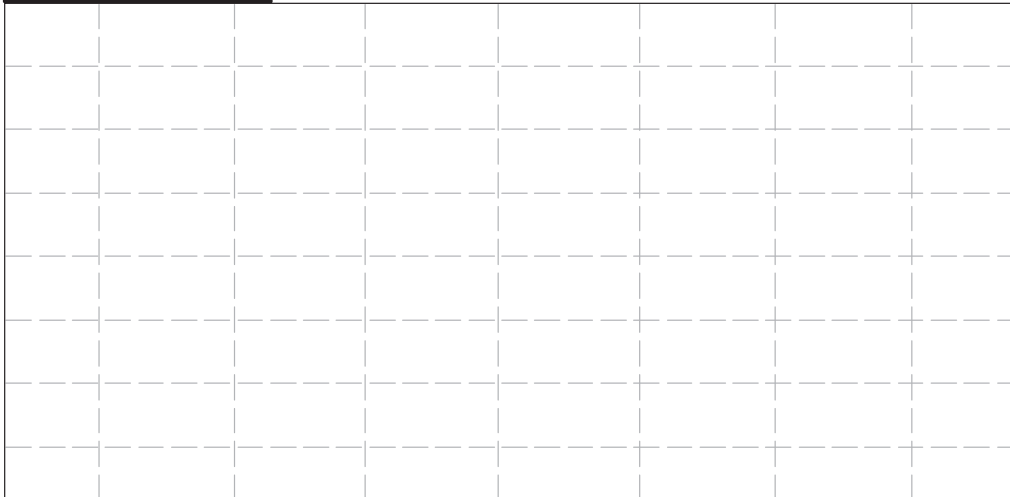
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

crashed into the rear passenger side of MV2. Ms. Adams was advised of her license and registration status and was mailed Massachusetts Uniform Citation T0115918 for Chapter 90, Section 23 (Operate MV with a Suspended License) and Chapter 90, Section 23 (Operate MV with a Suspended Registration).

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

MICHAEL R GAUDET

NEWTON POLICE DEPT.

12/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date