

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/12/2020	Time of Crash 11:21 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			WEST 200 BOYLSTON ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ PARKING GARAGE				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000730		
License # --- St MA DOB/Age ---			Reg # 1KYX13 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2003 Veh Make HONDA Veh Config. 1 20		
Operator GARCIA ELISA			Owner (Same as operator)			Address _____			Address _____		
City BOSTON State MA Zip 02124			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator _____ See Above		
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 MA DOB/Age ---			Reg # 6GL134 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make TOYOTA Veh Config. 2 20		
Operator COUTTS NICOLE			Owner (Same as operator)			Address _____			Address _____		
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company LM GENERAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator/Non-Motorist _____ See Above		
Please fill out for operator and all occupants involved			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist _____ See Above			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

APPROX CRASH AREA

200 BOYLSTON STREET PARKING GARAGE ENTRANCE/EXIT

NOT TO SCALE

PARKING GARAGE

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 December 12, 2020 at approx. 1121 hours I responded to the area of 200 Boylston Street "WEGMANS" Parking garage second floor for a report of a two motor vehicle crash with one party who is 7 months pregnant having back pain.

Upon arrival oper 1 stated she was exiting the parking garage turning right, observed v2 and stopped. She stated v2 had contact with her vehicle.

Oper 2 stated she was turning left to go into the parking garage and observed v1 exiting the garage. She stated that while they were both traveling in opposite directions the turn was tight and they both had contact.

Oper of v1 was evaluated by Medics and signed a patient refusal. Oper 2 reported no injuries at this time.

(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

