

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts			RMV Document Number	
Date of Crash 01/28/2021	Time of Crash 11:24 24HR	City/Town NEWTON	<h2 style="text-align: center;">Motor Vehicle Crash Police Report</h2>	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> 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:

			<div> <div>EAST</div> <div>300</div> <div>BOYLSTON ST</div> </div>			
Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
At			<div> <div>Feet</div> <div> <div>N</div> <div>S</div> <div>E</div> <div>W</div> </div> <div>of</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div>•</div> <div> <div></div> <div></div> <div></div> </div> <div>or</div> <div>Exit Number</div> </div> </div>			
Route#	Direction	Name of Intersecting Roadway/Street	<div> <div>Feet</div> <div> <div>N</div> <div>S</div> <div>E</div> <div>W</div> </div> <div>of</div> <div> <div>Route#</div> <div>Intersecting Roadway/Street</div> </div> </div>			
Also at Intersection with			<div> <div>Feet</div> <div> <div>N</div> <div>S</div> <div>E</div> <div>W</div> </div> <div>of</div> <div> <div>Landmark</div> </div> </div>			
Route#	Direction	Name of Intersecting Roadway/Street				

<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number	2100000062
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License # <u>---</u>	St <u>MA</u>	DOB/Age <u>--- --</u>				
Sex <u>M</u>	Lic. Class <table border="1" style="display: inline-table;"><tr><td>18</td><td>18</td></tr></table>	18	18	Lic. Restrictions <table border="1" style="display: inline-table;"><tr><td>1</td><td>19</td></tr></table>	1	19
18	18					
1	19					
Operator <u>RAMIREZ</u>	<u>MELVIN</u>	CDL <u> </u>				
<small>Last First Middle</small>						
Address <u>17 GARDNER ST (apt. 1)</u>						
City <u>PEABODY</u>	State <u>MA</u>	Zip <u>01960</u>				
Insurance Company <u>PLYMOUTH ROCK</u>						
Vehicle Travel Direction: <table border="1" style="display: inline-table;"><tr><td>N</td><td>X</td><td>E</td><td>W</td></tr></table> Responding to Emergency? <u>N</u>			N	X	E	W
N	X	E	W			
Citation # (If Issued) <u> </u>						
Violation 1: Ch <u> </u> Sec <u> </u>	Violation 2: Ch <u> </u> Sec <u> </u>					
Violation 3: Ch <u> </u> Sec <u> </u>	Violation 4: Ch <u> </u> Sec <u> </u>					

Reg # <u>7729B</u>	Reg Type <u>CON</u>	Reg State <u>MA</u>					
Veh Year <u>2016</u>	Veh Make <u>HINO</u>	Veh Config. <table border="1" style="display: inline-table;"><tr><td>7</td><td>20</td></tr></table>	7	20			
7	20						
Owner <u>MCCALL TRUCKING</u>	<small>Last First Middle</small>						
Address <u>80 (apt. 3) INDUSTRIAL WAY</u>							
City <u>WILMINGTON</u>	State <u>MA</u>	Zip <u>01887</u>					
Vehicle Action Prior to Crash <table border="1" style="display: inline-table;"><tr><td>10</td><td>21</td></tr></table>	10	21	Damaged Area Code: (Circle Up to Three)				
10	21						
Event Sequence <table border="1" style="display: inline-table;"><tr><td>97</td><td>22</td><td>22</td><td>22</td><td>22</td></tr></table>	97	22	22	22	22	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 2 3 4 1 5 6 8 7 </div> <div style="margin-left: 10px;"> 10 Undercarriage 11 Totaled </div> </div>	
97	22	22	22	22			
Most Harmful Event <table border="1" style="display: inline-table;"><tr><td>97</td><td>23</td></tr></table>	97	23					
97	23						
Driver Contributing Code <table border="1" style="display: inline-table;"><tr><td>1</td><td>24</td><td>24</td></tr></table>	1	24	24				
1	24	24					
Underride/Override <table border="1" style="display: inline-table;"><tr><td>25</td></tr></table>	25	Towed <u>N</u>					
25							

[illegible]

Please Select One of the Following:	<input type="checkbox"/> Vehicle	___# 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 _____ DOB/Age _____		Reg # _____ Reg Type _____ Reg State _____														
Sex _____ Lic. Class <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center;"><tr><td>18</td><td>18</td></tr></table>	18	18	Lic. Restrictions <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center;"><tr><td>19</td></tr></table> CDL _____	19	Veh Year _____ Veh Make _____	Veh Config. <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center;"><tr><td>20</td></tr></table>	20									
18	18															
19																
20																
Endorsment _____																
Operator _____ <div style="text-align: center; font-size: small;">Last First Middle</div>		Owner _____ <div style="text-align: center; font-size: small;">Last First Middle</div>														
Address _____		Address _____														
City _____ State _____ Zip _____		City _____ State _____ Zip _____														
Insurance Company _____		Vehicle Action Prior to Crash <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center;"><tr><td>21</td></tr></table>		21												
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N	S	E	W													
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25																

[illegible]

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

LifeTime Fitness Loading Dock

Air Conditioning Ductwork Unit 1

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:

ACCIDENT TOOK PLACE IN THE LOADING DOCK OF 300 BOYLSTON ST. THE VEHICLE OPERATOR LEFT WAS BACKING HIS VEHICLE INTO THE LOADING DOCK TO MAKE A DELIVERY. HE ACCIDENTALLY BACKED INTO AN OVERHEAD AIR CONDITIONING AND VENTILATION OVERHEAD DUCT. NO INJURIES REPORTED.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
LIFETIME FITNESS , ,	300 BOYLSTON ST NEWTON,MA 02459	----	N
SCURIO , BRIAN,	300 BOYLSTON ST NEWTON,MA 02459	----	N

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
FITNESS, LIFETIME,	300 BOYLSTON ST NEWTON,MASSACHUSETTS 02459		97	HEATING & A.C. DUCTWORK

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

EDWARD A BOUDROT NEWTON POLICE DEPARTMENT 01/28/2021

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

CDP1 11 -24:00