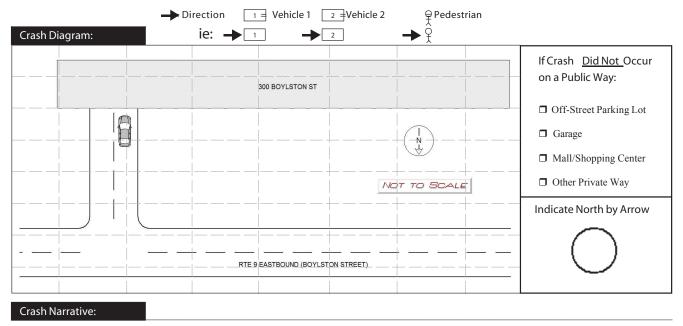
[Poli	ce Use Only		Commonweal	lth o	f Massa	achu	isetts	5		RMV	V Docui	ment Number	
	Date of Crash 02/05/2021	Time of Crash 04:57 24HR	NEWTON	Motor Pol		cle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	e 🔲
			RSECTION:		OCAT		>		N(CTION:	
					9	EAST	300)	BOY	STON	ST			
l L	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
					Feet NSEW of or Exit Number								_	
	Route# Direc	tion I	Name of Intersecting R Also at Intersect		[_	Feet [N S E	W of	D		T	4' D	American Street	
1 2 1					_	Feet [N S E	W of	Rou	ен	Intersec	ting Koa	dway/Street	:
	Route# Direction Name of Intersecting Roadway/Street				Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	lumber		21	100000083	3					
	License # St MA DOB/Age				Reg # <u>8</u>					Гуре_РА		Reg	State MA 20	_
	Sex_M Lic. 0	Class D	Lic. Restrictions	CDL		ar_2006						_Veh Co		
1	Operator SHI Address 8 ME	Last	DAVID	Middle		SHIELDS 8 MEREDITI	t H RD	ROSE	LY First		R	Middle	•	_ <u>L</u>
	City NEWTO		State ¹	MA 7in 02461		EWTON					State	MA	Zip 02459	-
	-		NDARD FIRE INS	Zip		Action Prior to	Crash	1	21				Circle Up to Th	nree)
5		Direction: N		ling to Emergency? N	Event S	equence 10	22 22		22	Ð	3		4	
	Citation # (If Is	ssued)				armful Event	10 23		(1) 🗲	9		10 Underca 5 11 Totaled	rriage
	Violation	1: ChSec	c Violation 2:	ChSec	Driver (Contributing Co		19 24	24	9	<u> </u>		6	
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N								
	Name (Last Fir			Address		Age/DOB	Sex 1	Pos. Systen	1 Status \$	witch Coc	ic code	Status Co	ode Medical Fac	ility
	Operator			See Above				1	4	4 0	0	10 1	:	
-														
										-				
7	Please Select C)ne —		_	14] 1	5		16		17	I		
9	of the Followi	Vehicle	e# Occupants	Non-Motorist A Type		Action		ation	Со	ndition	1,	Н	it/Run Mo	ped
	License # St DOB/Age				Reg#_	leg#Reg TypeReg State								_
	Sex Lic. 0	Class	Lic. Restrictions	CDL Endorsment		ar		n Make				_Veh Co		
1	Operator	Last	First	Middle		Las	t		First			Middle	•	-
	Address City State Zip					Address City State Zip								-
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								nree)
						Event Sequence 22 22 22 2 3 4								
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							rriage		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 24 24 7 6								
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					de/Override		Towe	d		0 31] 32	33	
}	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex	Pos. Syste	Airbag A m Status	29 Switch Co	0 31 Trap de Code	Injury I'r	ansp. Code Medical Fa	cility
}	Operator/	Non-Motorist		See Above										
ŀ														
							\vdash							



On Friday 2/5/21 at approximately 0457 hours while assigned to marked unit n499 I was dispatched to 300

Boylston Street (Lifetime Fitness) for a report of a vehicle that drove into the security gate at the entrance to the parking garage.

Upon arrival I spoke with SLOSS Mark (Security Officer) who stated a member of Lifetime Fitness was entering the parking garage and did not see the security gate down and drove into it. Impact caused the gate to bend in several areas and rendedered it inoperable in the down position. SLOSS contacted building maintenance and was awaiting their arrival. SLOSS further stated he works 4 days a week and the security gate is usuall lifted between 4 and 5 am every morning. SLOSS stated their are sometimes cones also blocking the gate, but not always, this morning was a busy morning and cones were not in front of the gate.

(Continued on next page)

(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address		Phone #	Statement	
SLOSS, MARK,		300 BOYLSTO NEWTON,MA			N	
Property Damage:						
Owner (Last, First, Middle)	Phone # 34-Type D			Description of Damaged Pro	perty	
Truck and Bus Information: Carrier Name	Registration #		(From Vehi	cle Section)	Carrier Issuing Aut	hority Code 35
Address			City			Zip
US DOT #:	State Number		Issuing State	ICC #:_	Inter	rstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr		
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material Na	ame		Material 4	digit# Releas	se code 42

	Direction 1	■ Vehicle 1 2	=Vehicle 2	Pedestri	an	
Crash Diagram:	ie: 🕕 🛚 1		□ →	· }		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u></u> _			Off-Street Parking	g Lot
					☐ Garage	
			+	+		antar
	i	<u> </u>			— — Mall/Shopping Co	
					Other Private Way	У
					Indicate North by A	rrow
		 		- — — +	\	
Crash Narrative:					•	
After speaking with SLOSS	I spoke with the	he operator,	SHIELDS David,	who stat	ted he comes to the gym to	he same
time every morning and the	e security gate	is usually u	p, but when th	e gate is	down it is difficult to	see. He
also had another member of	f the gym come	talk to me an	d stated that	the gate	is difficult to see when	it is
in the down position. SHI	ELDS stated th	is morning he	did not reali	ze the ga	te was down and drove int	o it
causing the damage.						
Upon my arrival I observed	d the entrance	of the parkin	g garage to be	very wel	.l lit and the gate to be	obvious.
Witnesses						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T			0.17		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name					Carrier Issuing Authority Coc	le 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
37	oss Vehicle Weight	38	_ 0			
The state of the s					39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Keg Year	Trai	Her Length	
40	41	ī		M		42
Placard Material 1 digit	# Material N	ame		Material 4 d	igit# Release code	
ALAN JR RICHARD SOLOMAN.			NEWTO	N POLICE DEPARTM	02/05/2	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)