

|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
|---|--|--------------------------------|-------------------------------|--|--|--|---------------------|---|------------------------|--|--|--|--|---|--|---------|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |  |  |  | RMV Document Number |   |                        |  |  |  |  |   |  |         |
| Date of Crash<br>03/26/2021   |  | Time of Crash<br>12:53<br>24HR |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report                       |                     | Number<br>Vehicles<br>2   | Number<br>Injured<br>0 | Speed Limit 5<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   |  |                                |                               | EAST 200 BOYLSTON ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ Mile Marker _____ Exit Number<br>Feet N S E W of _____<br>Feet N S E W of _____ Route# Intersecting Roadway/Street<br>Landmark  |  |  |                     |   |                        |  |  | 2<br>10<br>11<br>3   |  |   |  |         |
| 1<br>1  |  | 2<br>2                         |                               | 3  |  | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants |                     | <input checked="" type="checkbox"/> Hit/Run   |                        | <input type="checkbox"/> Moped                     |  | Case Number 2100000209   |  |   |  |         |
| License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____<br>Operator UNKNOWN UNKNOWN UNKNOWN<br>Address UNK UNK<br>City UNK State XX Zip UNK<br>Insurance Company UNKNOWN |  |                                |                               | Reg # UNK Reg Type UNK Reg State XX<br>Veh Year UNK Veh Make UBK Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 2 22 22 22 22 2 23 3 4<br>Most Harmful Event 2 23 1 9 5 11<br>Driver Contributing Code 99 24 24 8 7 6<br>Underride/Override 25 Towed Y |  |  |                     |   |                        |  |  | 7<br>12  |  |   |  |         |
| 5<br>2  |  |                                |                               | 6<br>1   |  |  |                     | 13<br>2   |                        |  |  | 13   |  |   |  |         |
| Please fill out for operator and all occupants involved   |  |                                |                               | Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility  |  |  |                     |   |                        |  |  |  |  |   |  |         |
| Operator  |  |                                |                               | See Above  |  |  |                     | 99 4 99 0 0 99 1  |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
| 7<br>1  |  |                                |                               | Please Select One of the Following:  |  |  |                     | <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants  |                        |  |  | <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17   |  | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |  |         |
| 8<br>1  |  |                                |                               | License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company GEICO  |  |  |                     | Reg # 1MLC61 Reg Type PAN Reg State MA<br>Veh Year 2020 Veh Make NISSAN Veh Config. 1 20<br>Owner MOOCHNICK ERIN<br>Address 10 HAZELTON AVE<br>City NEEDHAM State MA Zip 02492<br>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 1 23 2 3 4<br>Most Harmful Event 1 23 1 9 5 11<br>Driver Contributing Code 1 24 24 8 7 6<br>Underride/Override 25 Towed Y |                        |  |  |  |  |   |  | 13<br>2 |
| Please fill out for operator and all occupants involved   |  |                                |                               | Name (Last First Middle) Address 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  |  |  |                     | -----   |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |
|   |  |                                |                               |  |  |  |                     |   |                        |  |  |  |  |   |  |         |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

300 Boylston Street Wegmans

Towards Boylston Street(Rtg)

NOT TO SCALE

Florence Street

Property Line

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:**

-Mv#2 was parked in a stall at the Wegman's Supermarket parking lot when it was struck by MV#1.

-OpMv#2 came to the Newton Police station to report that she parked Mv#2 in the Florence Street side (south/lower) parking lot stall and when into the store approximately 1050. Upon returning she stated she observed damage to the rear left side panel.

-I conducted an inspection of the vehicle and observed minor damage to the vehicles left rear panel. The damage consists of scuffs and paint chips on the surface of the vehicle with no visible structural damage to the panel. I observed surveillance cameras outside the Wegman's super market which may have capture the collision.

-There were no injuries or other property damage reported at the time of this collision being reported and no

(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

DAVID A. CALDERON      NEWTON POLICE DEPARTM      03/27/2021

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

CDP1 11 -24:00

