

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/29/2021		Time of Crash 17:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5 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:							
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>						<div>29WEST 33 BOYLSTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>12Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>13Feet N S E W of _____ Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000214							
License # --- St MA DOB/Age ---						Reg # 1CXN62 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2015 Veh Make MERCEDES Veh Config. 2 20							
Operator EYGES RILEY						Owner (Same as operator)							
Address 144 MIDDLESEX RD						Address _____							
City BROOKLINE State MA Zip 02467						City _____ State _____ Zip _____							
Insurance Company VERMONT MUTUAL						Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N						Event Sequence 35 22 22 22 22 2 3 4							
Citation # (If Issued) _____						Most Harmful Event 35 23 35 23 1 9 10 Undercarriage 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 19 24 24 8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						1397							
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 See Above													
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 18 18 Lic. Restrictions 19 CDL _____						Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____						Owner _____							
Address _____						Address _____							
City _____ State _____ Zip _____						City _____ State _____ Zip _____							
Insurance Company _____						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? _____						Event Sequence 22 22 22 22 2 3 4							
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 24 24 8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed _____							
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													
Operator/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

33 Boylston St

Juice Pressed

MV1

Boylston St Westbound

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On March 29, 2021 at approximately 17:40 hours I responded to 33 Boylston St, Juice Pressed, for a report of a single vehicle crash into a building. Upon arrival, I observed a black Mercedes SUV (MV1) parked in front of Juice Pressed with glass on the hood of the vehicle. The window pane store front and right door to the "Juice Press" storefront were shattered and broken.

The operator of MV1 said that she was stopped in the parking space in front of Juice pressed ordering her drinks via the mobile app for pickup when she thought the vehicle was in park she took her foot off of the brake and accidentally hit the gas peddle. The vehicle crashed into the front of the store traveling about 2-3 feet into the building, breaking the front glass and door. No patrons were within striking distance of glass or the vehicle. Two employees were inside the business and said they were 15-20ft away from where the

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ZIMMERMAN, HUNTER,	33 BOYLSTON ST NEWTON, MA 02467	-----	N
EPSIMOS, CHRISTINE,	33 BOYLSTON ST NEWTON, MA 02467	-----	N

**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

CHARLES P GUARINO	38802	NEWTON POLICE DEPART	03/29/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00

