

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/30/2021		Time of Crash 14:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 15 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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 200 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
1 1		2 99		3		4 1		5 1		6 99		7 12	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000225							
License # --- St MA DOB/Age ---				Reg # WS3209 Reg Type PAS Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					
Operator FLOOD ALLISON				Veh Year 2012 Veh Make HONDA Veh Config. 2 20				Owner MCCARTHY CAROL					
Address 71 NEEDHAM STREET				Address 71 NEEDHAM STREET				City DEDHAM State MA Zip 02026					
Insurance Company ARABELLA				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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				2					
Operator See Above				----- --- --- 0 4 4 3 0 10 1									
7 1		8 1		9 1		10 1		11 1		12 1		13 1	
Please Select One of the Following:		<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Non-Motorist A Type		14 Action		15 Location		16 Condition		<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 _____					
Operator _____				Veh Year _____ Veh Make _____ Veh Config. 20				Owner _____					
Address _____				Address _____				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				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
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				2					
Operator/Non-Motorist See Above				----- --- ---									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

FLORENCE STREET

P.O.L.

WEGMANS

NOT TO SCALE

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 03/30/2021, while assigned to N498, responded to Wegman's back parking lot, for a past hit and run. Upon arrival, I met with vehicle owner, MCCARTHY, who stated her daughter, FLOOD, was using the car and parked it in the back parking lot along the Florence Street side. FLOOD didn't notice until the following day that she could not open the passenger door due to it being hit. I observed a dent in front of the passenger door. MCCARTHY attempted to call Wegman's for video and they would not release it. I spoke to a manager who did not have access to the video at this time.

**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

KRISTINA CONARY

NEWTON POLICE DEPT.

04/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date