

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/14/2021	Time of Crash 15:13 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 27 LINCOLN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				2 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000346		
License # --- St MA DOB/Age ---			Reg # 4R5531 Reg Type PAN Reg State MA			20			12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make FORD Veh Config. 2								
Operator PENDLETON CHRISTINA M			Owner PENDLETON IAIN R								
Address 46 FOX MEADOW LN (apt. 46)			Address 46 FOX MEADOW LANE								
City DEDHAM State MA Zip 02026			City DEDHAM State MA Zip 02026								
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			6					
Please fill out for operator and all occupants involved									13		
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									2		
Operator See Above											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St MA DOB/Age ---			Reg # V191771 Reg Type CON Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020 Veh Make MERCEDES Veh Config. 2								
Operator LUSSIER JAMES			Owner MIRISIS IOANNIS								
Address 33 VICARDAV AVE			Address 146 COLLEGE HIGHWAY								
City PALMER State MA Zip 01069			City SOUTH HAMPTON State MA Zip 01073								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 2 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			6					
Please fill out for operator and all occupants involved									13		
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									2		
Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Lincoln Street

Unit 2

Unit 1

Indulge
27 Lincoln Street

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:

Operator of MV1 states she parked her vehicle in the parking spot on Lincoln Street in front of Indulge and when she returned to her vehicle she noticed she was a victim to a hit and run. MV1 sustained damage to the front left corner panel.

A witness saw MV2 back into MV1 then fled the scene. More information in the witness narrative.

MV2 is registered to Yiannis Distributing Co out of Palmer, MA. I spoke with the owner of the company Ioannis Mirisis, who states he contacted his secretary who states James Lussier was the operator of MV2.

Operator of MV2 states he was attempting to parallel park the van when he thought he hit a pole and left the area when he couldn't fit the van in the parking spot. MV2 should have damage to the right rear bumper or corner panel.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DOMIN, HAYLEY,	197 (apt 2) COMMONWEALTH AVE NEWTON, MA 02459	-----	Y

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

TIMOTHY F KEEFE

NEWTON POLICE DEPT

05/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date