

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/16/2021		Time of Crash 19:59 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				EAST 1897 WASHINGTON 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	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000441						1	
License # --- St MA DOB/Age ---				Reg # TC59FV Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				12	
Operator MELLEN MAREN				Veh Year 2009 Veh Make LEXUS Veh Config. 1 20				Owner MELEN PAUL				1	
Address 1165 FRANKLIN ST.				Address 1165 FRANKLIN ST				City DUXBURY State MA Zip 02332				1	
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				Most Harmful Event 2 23				2	
Citation # (If Issued) _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				1	
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 See Above				2	
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 _____				14	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20				Owner _____				15	
Operator _____				Address _____				City _____ State _____ Zip _____				16	
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)				17	
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				Most Harmful Event 23				2	
Citation # (If Issued) _____				Driver Contributing Code 24 24				Underride/Override 25 Towed _____				1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				1	
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				2	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →

Woodland Country Club Parking Lot at 1897 Washington St.

Woodland Country Club building

Unknown Vehicle

MV1

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:

MV1 was parked in the parking lot of 1897 Washington St., the Woodland Country Club when it was struck by a vehicle that was believed to be pulling out from next to it. The operator of MV1 stated that the vehicle was parked at 2:30 and noticed the damage to the front left side of the vehicle when leaving around 4PM. Operator of MV1 stated that the Woodland Country Club has security footage of the incident and would be able to bring the footage in at a later time. Operator of MV1 stated the vehicle that was parked next to her was white as well as the paint she noticed on her vehicle. The operator stated she was unsure of the make of the model of the vehicle next to hers and did not have the vehicles license plate. It should be noted that MV1 sustained minimal damage and was still able to be operated.

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 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

JEREMY FAY

NEWTON POLICE DEPART

06/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date