

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 06/21/2021		Time of Crash 17:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 2		Number Injured 0		Speed Limit 20 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						WEST 200 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000451																	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator BRODKSY ALEXANDRA Last First Middle Address 783 BOYLSTON STREET (apt. 2) City CHESTNUT HILL State MA Zip 02467 Insurance Company COMMERCE INS Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 1MWS18 Reg Type PAN Reg State MA Veh Year 2019 Veh Make JEEP Veh Config. 1 20 Owner (Same as operator) Last First Middle Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 Most Harmful Event 2 23 Driver Contributing Code 12 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled																			
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																			
Operator See Above						99 4 0 0 10 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																			
License # --- St --- DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Operator Last First Middle Address City State Zip Insurance Company NORFOLK & DEDHAM FIRE INS Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 1WKE17 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 1 20 Owner GROPMAN MARISSA Last First Middle Address 14 BREWSTER RD City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 23 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled																			
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																			
Operator/Non-Motorist See Above						---																			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Parking Lot

200 Boylston Street

MV2

MV1

P.O.I.

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:

Owner of MV2 stated she was parked for work during the hours of 8:00AM and 5:00PM. Owner, Marissa stated when she came out she noticed the damage and observed a napkin on her windshield. The napkin had the other involved vehicle's information on it. MV2 was unoccupied when struck and sustained significant damage on her driver's side rear bumper and quarter panel.

I called and spoke to the Opr. of MV1. The Opr, Alexandra stated she was turning left into the parking spot and struck MV2. Alexandra stated her vehicle was not damaged and she left all the information on the windshield of MV2.

No injuries reported.

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