

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/22/2021	Time of Crash 11:28 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:					9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 200 BOYLSTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Landmark _____							1	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000452				
License # --- St MA DOB/Age -- -- --			Reg # 3AV311		Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make HONDA		Veh Config. 1 20				
Operator BLATT FRANK J Last First Middle			Owner (Same as operator)		Last First Middle		Address _____				12
Address 44 ALLANDALE ST			Address _____		City _____ State MA Zip 02130		City _____ State _____ Zip _____				7
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 23 22 35 22 22 22		2 3 4		5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 23 23		1 9						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 10 24 9 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											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				23
Operator See Above			-----		99 4 99 0 0 10 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 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 _____ Last First Middle			Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____				
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		5 10 Undercarriage 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 23		1 9						
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:

Parking garage

Vehicle #1

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 vehicle #1 stated he was attempting to park his vehicle in a parking spot. Operator #1 stated that he hit the gas instead of the brake and drove over a handicap sign that was cemented into the ground. Vehicle #1 then drove over a flower bed before making light contact with the brick parking garage wall. An immediate threat form was filled out by me and faxed to the RMV. Also on scene was Mr. Dan Pham, public safety Officer for Wegmans.

There were no injuries. Vehicle #1 was towed by Tody's.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
GROCERY, WEGMANS,	200 BOYLSTON ST NEWTON, MASSACHUSETTS 0	617-549-6155	97	HANDICAP CONCRETE SIGNPOST/FLOWER BED

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