

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/20/2021	Time of Crash 14:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 199 BOYLSTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000618			
License # _____ St MA DOB/Age _____			Reg # 5526BD		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2008		Veh Make ACUR		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator SEEGER ADRIAN Last First Middle			Owner SEEGER JOHN Last First Middle		D					
Address 33 RANGLEY RD			Address 99 NEEDHAM ST							
City NEWTON State MA Zip 02467			City NEWTON State MA Zip 02461							
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N		8 <input type="checkbox"/> 7 <input type="checkbox"/> 6					
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		1 4 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 962WNZ		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2013		Veh Make TOYT		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator TERRY JULIA Last First Middle			Owner (Same as operator)							
Address 95 OTIS ST			Address _____							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company METRO PROP			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 24		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N		8 <input type="checkbox"/> 7 <input type="checkbox"/> 6					
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		99 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

#199 Boylston St

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 was backing out of a parking space in front of 199 Boylston St when he struck vehicle 2 which was traveling eastbound in the parking lot. Vehicle 2 did not stop and left the area. The plate given for vehicle 2 was 962WNZ and I had two phone numbers for the vehicle owner (h:617-558-7264 and C:617-834-7806). I made several unsuccessful attempts to contact the owner of vehicle two and will follow up on my next tour of duty.

On 08/23/2021 I spoke to Julia over the phone who stated she was operating the vehicle and did not realize she had been involved in an accident until she got home. While driving through the parking lot she did notice the other vehicle was close to her but did not realize they had made contact.

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

MICHAEL ANTHONY IAROSSO NEWTON POLICE DEPARTMENT 08/20/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00