

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/01/2021	Time of Crash 07:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>10</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 _____			WEST 160 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 2100000893				
License # _____ St MA DOB/Age _____			Reg # 437AJW		Reg Type PASS		Reg State ME				
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2022		Veh Make BMW		Veh Config. <u>2</u> <u>20</u>				
Operator FLOWERS JR CHIPMAN Last First Middle			Owner (Same as operator)		First Middle		12				
Address 160 BOYLSTON ST			Address _____		First Middle		1				
City NEWTON State MA Zip 02465			City _____ State _____ Zip _____		First Middle		1				
Insurance Company STATE FARM			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4 5 6 7 8 9 10 11		13				
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		2				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		1 2 3 4 5 6 7 8 9 10 11		1				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		1 2 3 4 5 6 7 8 9 10 11		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		-----		1 4 4 0 0 10 1		NONE		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 441MD8		Reg Type PAN		Reg State MA				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2012		Veh Make HONDA		Veh Config. <u>2</u> <u>20</u>				
Operator LAPA TELMA Last First Middle			Owner (Same as operator)		First Middle		12				
Address 131B MELLEEN ST			Address _____		First Middle		1				
City FRAMINGHAM State MA Zip 01702			City _____ State _____ Zip _____		First Middle		1				
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4 5 6 7 8 9 10 11		13				
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		2				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		1 2 3 4 5 6 7 8 9 10 11		1				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		1 2 3 4 5 6 7 8 9 10 11		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		-----		1 4 4 0 0 10 1		NONE		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

160 Boylston St. Parking Garage

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:

Vehicle #1 stated he was parked in the parking garage and had his right rear side door open while putting his child into her car seat. Vehicle #2 was parked next to Vehicle #1 when they attempted to pull straight out of the parking spot. While doing so, Vehicle #2 struck Vehicle #1's open door with Vehicle #2's right side mirror. Vehicle #1 stated they attempted to stop vehicle #2, however they left without leaving any info. Vehicle #2 stated she entered her vehicle and pulled out of the parking spot. Vehicle #2 stated she doesn't believe she hit Vehicle #1 at all and was unable to see any damage to her vehicle.

Both vehicles were able to be driven and didn't require a tow. All operators stated they were uninjured and refused any medical treatment.

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

DERICK ALAN SIEGAL

30878

NEWTON POLICE DEPART

11/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date