

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/29/2022		Time of Crash 02:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 45 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 55 BOYLSTON 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 type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000083						1	
License # --- St MA DOB/Age ---				Reg # 6AW367 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make ACURA Veh Config. 1 20								1	
Operator MCCLAIN TIFFANY Last First Middle				Owner (Same as operator) Last First Middle								1	
Address 42B BEAVER TERRACE CIRC				Address _____								1	
City FRAMINGHAM State MA Zip 01703				City _____ State _____ Zip _____								1	
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 24 22 22 22 22 2 3 4				10 Undercarriage				24	
Citation # (If Issued) _____				Most Harmful Event 24 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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 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 _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
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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:

55 Boylston St.

Boylston St. Westbound lane

NOT TO SCALE

MV1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

On Saturday, January 29, 2022 at approximately 0232hrs, MV1 was traveling Westbound on Boylston St. when the vehicle slid and crashed into the left side guard rail in front of 55 Boylston St. Operator of MV1 stated that when she tapped on her brakes her vehicle lost traction and slid into the guard rail.

I asked the operator if she was okay and would like to be evaluated by paramedics. Operator stated she was "okay" and refused medical attention. The vehicle at this time was located in the parking lot of 55 Boylston St., by the shake shack. The vehicle sustained heavy front end damage and was allowed to stay in the parking lot while waiting for the operators private tow (AAA).

The guard rail that was struck did not sustain any damage from the crash.

The operator was informed a report would be generated in regards to the incident.

(Continued on next page)

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

