

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/01/2022		Time of Crash 13:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 10 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 _____				9 SOUTH 980 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 _____ ____ Feet [N S E W] of _____ Landmark _____						11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												1	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000193						3	
License # _____ St MA DOB/Age _____				Reg # 3SMA59 Reg Type PAN Reg State MA								2	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2021 Veh Make HONDA Veh Config. 2 20								7 12	
Operator EDMAN BRIGITTA				Owner HONDA LEASE TRUST								4 1	
Address 61 CIRCUIT AVE				Address 600 KELLY WAY								5	
City NEWTON State MA Zip 02461				City HOLYOKE State MA Zip 01040								6 1	
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 97 21		Damaged Area Code: (Circle Up to Three)						13	
Vehicle Travel Direction: [N X E W] Responding to Emergency? N				Event Sequence 2 22 35 22 22 22		Event Sequence 2 22 35 22 22 22						2	
Citation # (If Issued) _____				Most Harmful Event 35 23		Most Harmful Event 35 23						10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		Driver Contributing Code 19 24 24						5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y		Underride/Override 25 Towed Y						6	
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												2	
Operator See Above				-----									
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 _____				Reg # P45631 Reg Type CON Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2013 Veh Make CHEV Veh Config. 2 20									
Operator _____				Owner ANTON'S CLEANER									
Address _____				Address 500 CLARK RD									
City _____ State _____ Zip _____				City TEWKSBURY State MA Zip 01876									
Insurance Company AMERICAN FIRE AND CASUALTY				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [N S E W] Responding to Emergency? N				Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22							
Citation # (If Issued) _____				Most Harmful Event 1 23		Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24		Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		Underride/Override 25 Towed N							
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:

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:

On Tuesday 3/1/22 at approximately 1300 hours while assigned to marked unit n498 I was dispatched to the area of 980 Boylston Street for a report of a motor vehicle into a building.

Upon arrival fire and medics were on scene treating the operator of motor vehicle #1 (EDMAN Brigitta).

EDMAN's vehicle crashed into the front of Mr K's Liquor store smashing out the front window and doing minor damage to the inside of the store. Prior to striking the building she also slightly struck an Anton Cleaner's van doing very little to no damage to the van. EDMAN states she was attempting to park in the handicap parking spot in front of the store when she accidentally stepped on the accelerator instead of the brake, which caused her vehicle to lunge forward and crash into the front of the building. EDMAN was not trapped in the vehicle but had difficulty exiting the vehicle so she was assisted by Newton Fire. EDMAN was

(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
MR K'S LIQUOR S,	980 BOYLSTON ST NEWTON, MASSACHUSETTS 0		97	GLASS WINDOW

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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPARTA 03/01/2022

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

CDP1 11 -24:00

