

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 03/05/2022 Time of Crash 09:35 City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Other: X

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

WEST 900 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 1 Occupants Hit/Run Moped Case Number 22000205

License # MA St MA DOB/Age Reg # EV507E Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2020 Veh Make TESLA Veh Config. 1 20 Operator EPSTEIN ALAN Owner (Same as operator) Address 112 GLEN AVE City NEWTON State MA Zip 02459

Insurance Company PLYMOUTH ROCK ASSURANCE CORPORATION Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator: See Above, NONE

Please Select One of the Following: Vehicle # Occupants Non-Motorist A Type 1 14 Action 2 15 Location 9 16 Condition 1 17 Hit/Run Moped

License # MA St MA DOB/Age Reg # Reg Type Reg State Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year Veh Make Veh Config. 20 Operator STERN PHILLIP Owner Address 30 BARTLETT TER. City NEWTON State MA Zip 02459

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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian

Beacon 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:

Mr Phil Stern stated that he was running on the sidewalk heading Westbound on Beacon St when Vehicle #1 began to pull out of the driveway from the Whole Foods Market at 916 Walnut St. He stated that he then collided with the vehicle, and felt one of the tires run over his foot. He then yelled at the driver and continued on running. Mr. Stern provided me with a registration number for the vehicle.

I then spoke to the operator of Vehicle #1, Mr. Alan Epstein. Mr. Epstein stated that he remembers a runner yelling at him, but was unaware that they had any contact.

Mr. Epstein declined medical attention when it was offered.

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

DECLAN G HEALY

NEWTON POLICE DEPART

03/05/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date