

|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|--|--|---|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only  |  |   | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>03/10/2022  |  | Time of Crash<br>21:17<br>24HR              |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |  |   |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |                         |                        |   |  | 9  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____  |  |   |                               | SOUTH 203 ADAMS ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____   |  |                                      |                     |                         |                        |   |  | 2  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |  |   |                               | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____  |  |                                      |                     |                         |                        |   |  | 10   |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |  |   |                               | Feet [N][S][E][W] of _____<br>Landmark _____  |  |                                      |                     |                         |                        |   |  | 11   |  |
| 1<br>4   |  | 2<br>1                                      |                               | 3   |  | 1<br>1                               |                     | 12                      |                        | 13  |  | 2  |  |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants   |  | <input checked="" type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 22000214                 |                     |                         |                        |   |  |  |  |
| License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company USAA        |  |   |                               | Reg # 1CWG79 Reg Type PAN Reg State MA<br>Veh Year 2018 Veh Make JEEP Veh Config. 2 20<br>Owner HOLDEN JOHN T<br>Address 3 PATTERSON RD<br>City HANSCOM AFB State MA Zip 01731<br>Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three)<br>Event Sequence [1][22][22][22][22] 2 3 4<br>Most Harmful Event [1][23] 10 Undercarriage<br>Driver Contributing Code [1][24][24] 5 11 Totaled<br>Underride/Override [25] Towed N |  |                                      |                     |                         |                        |   |  |  |  |
| 5<br>1   |  |   |                               | 6<br>1  |  |                                      |                     |                         |                        |   |  | 12   |  |
| 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   |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|  |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
| 7<br>1   |  |   |                               | 8<br>2  |  |                                      |                     |                         |                        |   |  |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---<br>Sex F Lic. Class [D][18][18] Lic. Restrictions [1] 19 CDL _____<br>Operator MC QUIGGAN JENNIFER<br>Address 461 MAIN STREET (apt. 3)<br>City WALTHAM State MA Zip 02452<br>Insurance Company PROGRESSIVE INSURANCE |  |   |                               | Reg # 2BZH27 Reg Type PAN Reg State MA<br>Veh Year 2016 Veh Make KIA Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash [1][21] Damaged Area Code: (Circle Up to Three)<br>Event Sequence [2][22][22][22][22] 3 4<br>Most Harmful Event [2][23] 10 Undercarriage<br>Driver Contributing Code [9][24][24] 5 11 Totaled<br>Underride/Override [25] Towed N            |  |                                      |                     |                         |                        |   |  |  |  |
| 8<br>2   |  |   |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
| 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:**

203 Adams Street

Adams Street

Unit 2    Unit 1

P.O.I.

**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:**

The owner of MV1 was inside the Shaking Crab located at 203 Adams street when he came outside and observed damage to the drivers side of his parked vehicle. A good Samaritan witnessed the accident and stated to him, a SUV struck the reporting parties vehicle and took off. The witness took video of the accident. I watched the video and observed the SUV hit MV1 with the passenger side of the vehicle and then brake and continued southbound on Adams st. The witness got a registration of MA reg 2BZH27 and told the owner of MV1 that a female was operating the vehicle. Dispatch attempted to contact the owner of the vehicle yielding negative results and unable to leave a voicemail. A text message was sent to the owner to contact NPD from the dispatch cell phone. MV1 had damage to the driver side doors and mirror. A voicemail was left for the witness.

(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

SEAN STAKE

NEWTON POLICE DEPART

03/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

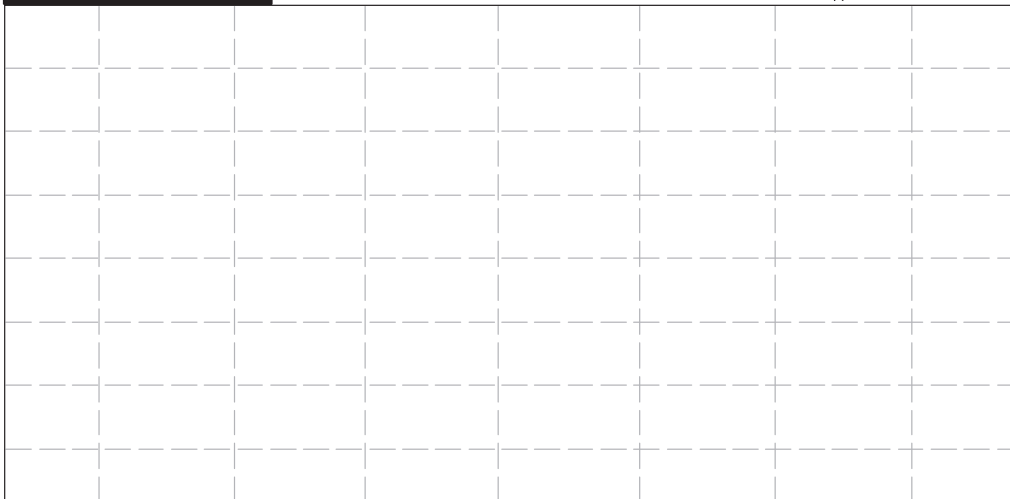
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

I forwarded a video of the accident and photo of the vehicle to IT to be added to the report.

As of now the owner of MV2 is listed as "uninvolved owner" under persons "2" until the accident is further investigated and until contact is made with the owner to determine who was operating the vehicle. Charges pending.

Traffic Bureau update (Officer Gaudet): On March 11, 2022, I reviewed the dash camera footage submitted to the IT Bureau by Officer Stake. The footage shows a dark colored SUV veer off to the right side of the roadway on Adams Street. The vehicle's front passenger side crashes into the driver side of a parked vehicle in front of 203 Adams Street (S). As the witness drives by where the crash occurred, the

(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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

SEAN STAKE

NEWTON POLICE DEPT

03/10/2022

Police Officer Name (Please Print)


Signature


ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

footage from their camera pans over to the parked vehicle and shows damage to it's driver side. The footage then resumes facing Southbound on Adams Street and the fleeing vehicle continues Southbound on Adams Street towards Washginton Street and does not stop.

The vehicle is idenitified by a still photo submitted by the witness as a 2016 Kia Sportage bearing Massachusetts registration 2BZH27. This vehicle is registred to Ms. Jennifer Mc Quiggan (S30952065). I contacted Ms. Mc Quiggan and asked about her vehicles involvement in the crash on March 10, 2022. Ms. Mc Quiggan stated she was operating the vehicle at the time of the crash on Adams Street and thought she hit a snow bank. I advised Ms. Mc Quiggan that I had just finsihed reviewing the footage of the crash that was submitted by a witness and it shows her vehicle vearing off of the road and crashing into a parked vehicle.

(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

SEAN STAKE

NEWTON POLICE DEPARTM

03/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

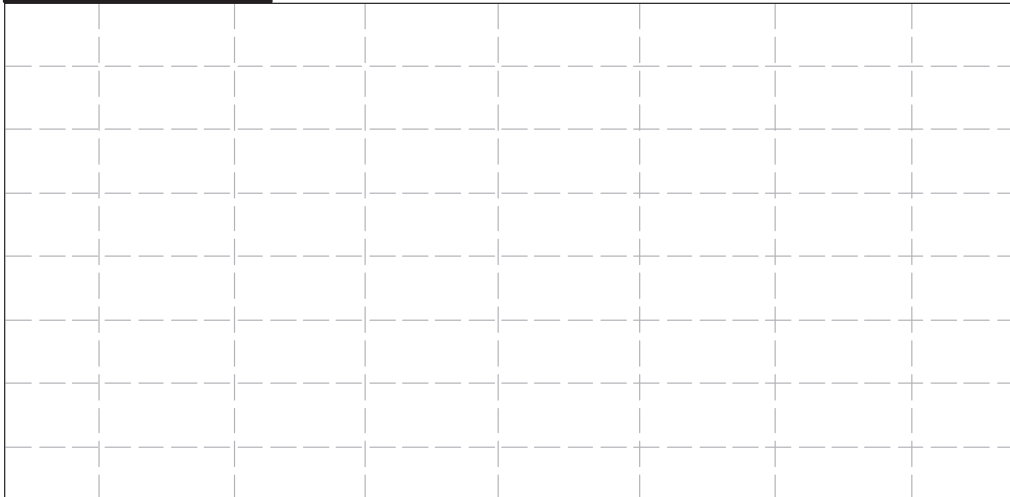
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

After reviewing the footage of the crash and obtaining an admission by Ms. Mc Quiggan that she was operating MV2 at the time of the crash, I issued Ms. Mc Quiggan Massachusetts Uniform Citation 328660AB for Chapter 90, Section 24 (Leaving the Scene of Property Damage) and Chapter 89, Section 4A (Marked Lanes Violation).

Adams Street is a public way maintained by the City of Newton.

**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

SEAN STAKE

NEWTON POLICE DEPART

03/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date