

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/26/2022		Time of Crash 12:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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				NORTH 225 BOYLSTON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								10	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000572						3	
License # --- St MA DOB/Age ---				Reg # TC84GZ Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012 Veh Make HONDA Veh Config. 1 20								1	
Operator NELSON ZACHARY				Owner NELSON CRAIG									
Address 27 DEBORAH DR				Address 27 DEBORAH DR									
City MARSTONS MILLS State MA Zip 02648				City MARSTONS MILLS State MA Zip 02648									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 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												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												97	
Operator See Above													
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 NY DOB/Age ---				Reg # 2HXE78 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make JEED Veh Config. 2 20									
Operator KRUPP JOANNE				Owner (Same as operator)									
Address 333 CENTRAL PK W (apt. 91)				Address _____									
City NEW YORK State NY Zip 10025				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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:**

199 Boylston Street

Unit 1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

At approximately 1242 HRs, on Sunday, June 26, 2022, I was dispatched to 199 Boylston St. for a report of a two vehicle motor vehicle crash.

upon speaking with the operator of MV1 (MA Pass:TC84GZ), he stated that he was traveling northbound in the parking lot of 199 Boylston St., in the travel section. It was not until a few moments prior to impact, that he observed MV2 driving across empty parking stalls and then ultimately striking MV1.

Upon speaking with the operator of MV2 (MA Pass:2HXE78), she stated that she was attempting to park MV2. To this end, she was driving westbound through empty parking stalls and as she entered the travel section, struck MV1. The operator of MV2 could not offer an explanation as to why she did not properly yield the right of way to MV1.

(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

**Crash Narrative:**

I noted damage to MV1's passenger side. The front passenger side door had a dent and scrapes and the right rear passenger side door had the door skin cut and dislodged, leaving a section approx. 1.5-2 feet long and the same wide, bent out and approx. 6 inches away from the body of MV1.

I noted damage to the front left bumper cover and driving light of MV2.

Due to safety concerns and to prevent further damage, the operator of MV1 began the process of securing a private tow for the vehicle. MV2 was able to continue to operate under its own power. I cleared without incident.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		06/26/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					