

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/26/2022	Time of Crash 15:04 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 14 ELLIOT ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000573			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator MILLER TODD Address 12 RIDGE AVE City NEWTON State MA Zip 02459 Insurance Company FARMER'S PROPERTY & CASUALTY			Reg # 2LX247 Reg Type PAN Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			<div>12Diagram: A car diagram with numbered impact points 1-11. 10 Undercarriage, 11 Totaled.</div>							
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			Operator See Above --- 99 4 99 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator FEIG PETER W Address 16 PICKWICK RD City NEWTON State MA Zip 02465 Insurance Company VERMONT MUTUAL			Reg # H2158 Reg Type PAR Reg State MA Veh Year 2018 Veh Make LEXUS Veh Config. 2 20 Owner NEWMAN BEVERLY W Address 16 PICKWICK RD City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Mv#1 operator stated he was travelling on Elliot St E/B (right of way) passing the exit driveway of Negoshian's service station, 14 Elliot St. #1 stated at that time, a black Lexus SUV bearing MA reg H2158 (Mv#2) nosed out from the driveway and made contact with his passenger side rear quarter panel behind the wheel. #1 stated he pulled over on Elliot St however #2 did not stop and left the area. #1 described the operator as a W/M with dark beard and a female passenger. I observed #1 passenger side rear quarter panel which appeared to show fresh light colored scuff marks and light paint transfer.

I queried the reported plate number of #2 which came back registered to Beverly Newman 16 Pickwick Rd W. Newton on a black Lexus SUV. Ofc Chieu responded to this address and located #2 there. The male operator was raised who identified himself as Peter Feig of the same address. The owner Ms Newman was the front seat

(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

→ 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:

passenger. I was able to observe a photo of the left front end of #2 and observed a light scuff mark where the grill meets the fender. I spoke to Mr Feig who stated he was unaware there was a collision at all. It appears the silver colored front grill of #2 made contact with #1. He stated he did remember #1 drive by at a high rate of speed. Feig was advised a report would be on file.

#1 owner Mr Todd Miller was advised of my findings, satisfied and will contact his insurance company if needed.

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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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

06/26/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date