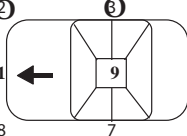
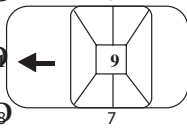


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 04/11/2019		Time of Crash 18:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div><div>EAST</div><div>LINWOOD AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000366									
License # --- St MA DOB/Age ---				Reg # 3PN420 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2006 Veh Make BUIC Veh Config. 1 20											
Operator BENNETT TUCKER C				Owner (Same as operator)											
Address 128 HIGHLAND AVE				Address											
City WATERTOWN State MA Zip 02472				City State Zip											
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22 2 3											
Citation # (If Issued) T1444242				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24				5 11 Totaled							
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
Operator		See Above		-----		---	---	1	3		0	0	10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												13			
License # --- St MA DOB/Age ---				Reg # 712PF7 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2010 Veh Make HONDA Veh Config. 1 20											
Operator FRISHMAN VADIM				Owner FRISHMAN MARK											
Address 121 BRIDGE STREET				Address 121 BRIDGE ST											
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458											
Insurance Company SAFTEY INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2 3											
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				5 11 Totaled							
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
Operator/Non-Motorist		See Above		-----		---	---	1	3		0	0	10	1	
GETCHELL, MAXWELL		44 HARRINGTON ST NEWTON, MA 02460		-----		M	3	1	3		0	0	10	1	
LEE, MATTHEW		35 COLONIAL AVE NEWTON, MA 02460		-----		M	6	1	3		0	0	10	1	
LOWE, CAMERON		54 LEWIS ST NEWTON, MA 02548		-----		M	4	1	3		0	0	10	1	

→ 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:

Opr of V1 stated he was behind a vehicle at the stop sign. He stopped, drove past the vehicle and drove through the intersection. At this time, he made contact with V2. Opr had minor injuries and signed a refusal. V1 suffered damage to the left side and Tody's towed the vehicle. Opr of V1 was given MA Uniform Citation T1444242 for Failure to Stop at a Stop Sign

(M.G.L. Chapter 89/ Section 9)

Opr of V2 stated he was traveling southbound when he realized V1 went through the stop sign. At this time, he could not stop and made contact with V1. Passenger in V2 stated they did not see the vehicle until they made contact. V2 had significant damage and Tody's towed the vehicle. V2 had no injuries.

Witness Jolie, spoke to Officer Dragone and stated she was at the stop sign waiting for traffic. At this

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MAIN, JOLIE,	171 CHARLESBANK RD NEWTON, MA 02458	-----	N

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

DANIEL ANDERSON	32456	NEWTON POLICE DEPART	04/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

42

CDP1 11 -24:00