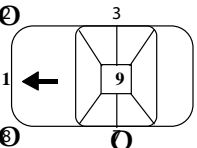
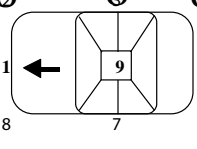


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/02/2019	Time of Crash 16:46 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:							
NORTH Route# Direction Name of Roadway/Street CENTRE ST At EAST Route# Direction Name of Intersecting Roadway/Street WALNUT Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000797					
License # --- St CO DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator BROOKINS DREW FRANKLIN Address 13060 DUCKHORN CT City COLORADO SPRINGS State CO Zip 80921 Insurance Company UNKOWN			Reg # G90LKR Reg Type UNK Reg State NJ Veh Year 2019 Veh Make DODGE Veh Config. 1 20 Owner EAN HOLDINGS LLC Address 14002 E 21ST ST City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 20 22 22 22 2 3 4 Most Harmful Event 20 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) 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 --- 1 4 99 0 0 10 1									
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age --- Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK UNK City UNK State XX Zip UNK Insurance Company ARBELLA MUTUAL			Reg # 9LE764 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20 Owner ALLMAN DESIREE Address 75 HARNESS LANE City BRAINTREE State MA Zip 02184 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 9 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 99 4 99 0 0 99 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:

Motor Vehicle 1 (MV1) was traveling northbound on Centre St. at the intersection of Walnut St. when motor vehicle 2 (MV2), which was also traveling northbound on Centre St., attempted to go straight from the left turn only lane. MV2 then sideswiped MV1, running MV1 off the road and into the curb. The operator of MV1, Drew Brookins, stated that the operator of MV2 pulled over at first, but when traffic cleared, immediately got back into the car and left at a high rate of speed heading northbound on Centre St.

Mr. Brookins attempted to follow MV2, and observed MV2 take a right onto Paul Street (eastbound), but was unable to continue to follow MV2, as MV1's front drivers side wheel was blown out as a result of colliding with the curb. MV1 sustained drivers side damage, as well as a blown out right drivers side tire. MV2 likely sustained moderated drivers side damage, and possibly damage to the rear bumper.

(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

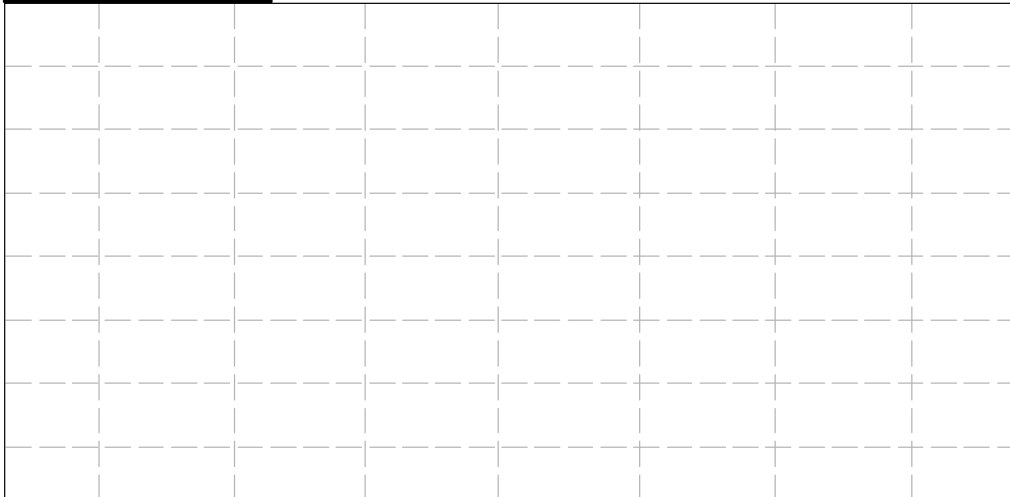
Hazmat Information:

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

→ 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:

Mr. Brookins was able to get the license plate of MV2 (MA Reg. 9LE764), which comes back to a female (Desiree Allman) out of Braintree. Mr. Brookins described the operator of MV2 as a white male with a thin build, dirty blond hair and scruffy beard. Dispatch contacted Braintree PD who was able to provide a telephone number that is believed to be Ms. Allman's. I attempted to contact Ms. Allman, however, the number went directly to voicemail. I left a message asking Ms. Allman to call the NPD so that we could find out who was operating her vehicle at the time of the crash.

Traffic Bureau Update (Officer Gaudet):

On August 6, 2019, I attempted to make contact with the registered owner of MV2, Desiree Allman

(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

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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

ALEXANDER COLETTI

28070

NEWTON POLICE DEPT

08/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

