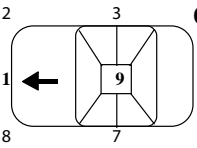
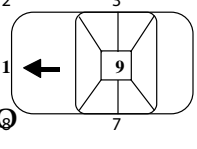


Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|--|--|---|-----------------------------|---------------------|---|--|--|
| Date of Crash 08/29/2019 | Time of Crash 11:11 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>25</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: | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | EAST 837 BEACON ST 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 _____ | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | | |
| Route# _____ Direction _____ Name of 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 4 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000886 | | |
| License # _____ St MA DOB/Age _____ | | | Reg # MF4951 | | | Reg Type MVN | | | Reg State MA | | |
| Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year 2019 | | | Veh Make EONE | | | Veh Config. <u>6</u> <u>20</u> | | |
| Operator MULLINGS KEIVE Last First Middle | | | Owner CITY OF NEWTON FIRE Last First Middle | | | Address 1164 CENTRE ST | | | City NEWTON State MA Zip 02459 | | |
| Address 1164 CENTRE STREET | | | City NEWTON State MA Zip 02459 | | | Vehicle Action Prior to Crash <u>1</u> <u>21</u> | | | Damaged Area Code: (Circle Up to Three) | | |
| Insurance Company CITY OF NEWTON | | | Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | Most Harmful Event <u>2</u> <u>23</u> | | | Driver Contributing Code <u>97</u> <u>24</u> <u>24</u> | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Underride/Override <u>25</u> | | | Towed <u>N</u> | | |  | | |
| Citation # (If Issued) <u>N/A</u> | | | 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 | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | |
| Operator | | | See Above | | | --- | | | --- | | |
| SMITH, THOMAS | | | 1164 CENTRE STREET NEWTON, MA 02459 | | | --- | | | M 3 99 4 99 0 0 10 1 N/A | | |
| TARASUIK, JOHN | | | 144 ELLIOT ST NEWTON, MA 02464 | | | --- | | | M 6 99 4 99 1 1 10 1 N/A | | |
| DENNIS, BRENDAN | | | 1164 CENTRE STREET NEWTON, MA 02459 | | | --- | | | M 4 99 4 99 0 0 10 1 N/A | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # 7NCC90 | | | Reg Type PAN | | | Reg State MA | | |
| Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ | | | Veh Year 2017 | | | Veh Make BMW | | | Veh Config. <u>2</u> <u>20</u> | | |
| Operator _____ Last First Middle | | | Owner MOTIEE PAKIZEH Last First Middle | | | Address 183 WALNUT STREET | | | City WELLESLEY State MA Zip 02481 | | |
| Address _____ | | | City WELLESLEY State MA Zip 02481 | | | Vehicle Action Prior to Crash <u>11</u> <u>21</u> | | | Damaged Area Code: (Circle Up to Three) | | |
| Insurance Company COMMERCE | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | | Most Harmful Event <u>1</u> <u>23</u> | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Underride/Override <u>25</u> | | | Towed <u>N</u> | | |  | | |
| 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 | | | | | | | | | | | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | | Sex | | |
| Operator/Non-Motorist | | | See Above | | | --- | | | --- | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

837 Beacon Street

Beacon Street

Unit 1

Unit 2

← N

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:

On Thursday, August 29, 2019 while assigned to Traffic unit N525, I responded to 837 Beacon Street, Newton for a report of a motor vehicle crash involving a City of Newton Fire truck. The weather at the time of the accident was clear and sunny. The road surface was dry. Beacon Street is a public way maintained by the City of Newton.

I met with the operator of MV1, Newton Firefighter Keive Mullings. Mullings stated he was operating Newton Fire Ladder 2 (MA MF4951) Eastbound on Beacon Street towards Centre Street. Mullings stated the rear passenger side bumper area of MV1 made contact with a unoccupied motor vehicle parked Eastbound on Beacon Street in a metered spot across from 837 Beacon Street. No injuries were reported by the occupants of Ladder 2, I observed minor damage to the rear passenger bumper area of 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

MICHAEL R GAUDET

NEWTON POLICE DEPT

08/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

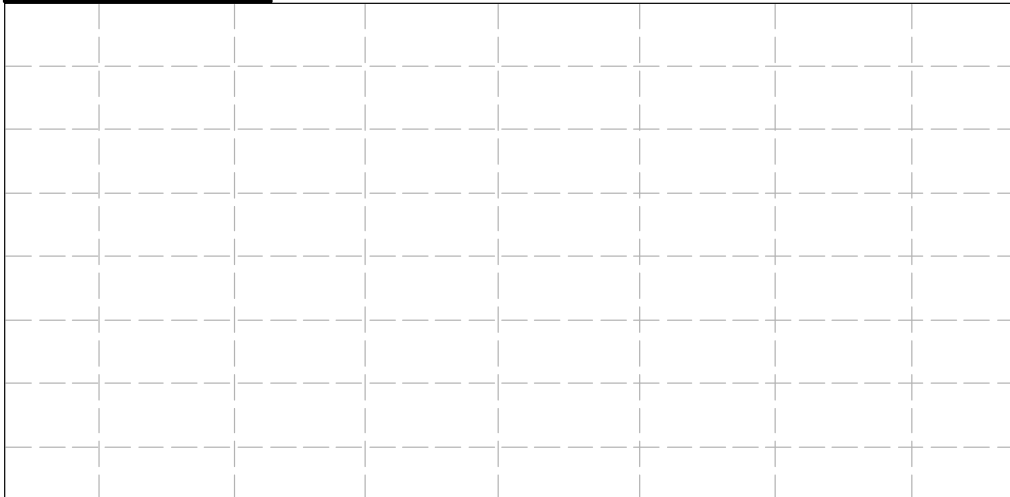
Precinct/Barracks

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 spoke with the owner of MV2, Pakizeh Motiee (2017 BMW X3, MA: 7NCC90). I observed minor damage to the front driver side quarter panel area of MV2. Motiee was advised.

Pictures of both vehicles were taken and submitted to the IT Bureau.

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

MICHAEL R GAUDET

NEWTON POLICE DEPT

08/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date