

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|--|--|---|----------------------|---|---|--|--|
| Date of Crash 09/28/2019 | Time of Crash 14:49 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 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>MILL ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>UPLAND RD</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 Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div> | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 1900000985 | | | |
| License # --- St MA DOB/Age --- | | | Reg # 9DLR50 | | Reg Type PAN | | Reg State MA | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2015 | | Veh Make SUBARU | | Veh Config. 2 20 | | | |
| Operator HAUBER ALAINA | | | Owner HAUBER JR JOHN | | G | | | | | |
| Address 767 COMMONWEALTH AVE | | | Address 767 COMMONWEALTH AVE | | | | | | | |
| City NEWTON State MA Zip 02459 | | | City NEWTON | | State MB Zip 02459 | | | | | |
| Insurance Company GENERAL | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | 2 | | 4 | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | 1 | | 10 Undercarriage | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 1 24 24 | | 8 | | 5 11 Totaled | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed Y | | 6 | | | | | |
| 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 | | | See Above | | ----- | | 1 4 4 0 0 10 1 | | | |
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| 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 MA DOB/Age --- | | | Reg # 1MB926 | | Reg Type PAN | | Reg State MA | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2011 | | Veh Make ACURA | | Veh Config. 2 20 | | | |
| Operator EPSTEIN MARSHA H | | | Owner EPSTEIN MARTIN | | | | | | | |
| Address 1 REPTON PL. (apt. 1338) | | | Address 1 (apt. 1336) REPTON PL | | | | | | | |
| City WATERTOWN State MA Zip 02472 | | | City WATERTOWN | | State MA Zip 02472 | | | | | |
| Insurance Company PLYMOUTH ROCK | | | 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 | | 4 | | | |
| Citation # (If Issued) T1445179 | | | Most Harmful Event 1 23 | | 1 | | 10 Undercarriage | | | |
| Violation 1: Ch 89/9 Sec Violation 2: Ch Sec | | | Driver Contributing Code 3 24 24 | | 8 | | 5 11 Totaled | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed Y | | 6 | | | | | |
| 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 | | ----- | | 1 4 4 0 0 10 1 | | | |
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|--|---------------|-----------|--|--|--|---|----------------------|----------------|--|--------------|--------------------------|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | |
| Date of Crash | Time of Crash | City/Town | Motor Vehicle Crash Police Report | | | | Number Vehicles | Number Injured | Speed Limit | State Police | <input type="checkbox"/> | |
| | 24HR | | | | | | | | Latitude | Local Police | <input type="checkbox"/> | |
| | | | | | | | | | Longitude | MBTA Police | <input type="checkbox"/> | |
| | | | | | | | | | | Other: | <input type="checkbox"/> | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | | 9 |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | 10 |
| At | | | Feet N S E W of or Mile Marker Exit Number | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | 11 |
| Also at Intersection with | | | Feet N S E W of | | | | Landmark | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | |
| <input type="checkbox"/> Vehicle #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | | | | |
| License # St DOB/Age | | | Reg # Reg Type Reg State | | | | | | | | | |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL | | | Veh Year Veh Make Veh Config. 20 | | | | | | | | | |
| Endorsment | | | Operator Last First Middle | | | Owner Last First Middle | | | | | | 12 |
| Address | | | Address | | | | | | | | | |
| City State Zip | | | City State Zip | | | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | Event Sequence 22 22 22 22 | | | 2 3 4 | | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 23 | | | 1 9 10 Undercarriage | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 24 24 | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed | | | 8 7 6 | | | | | | |
| 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 | | | 13 |
| Operator | | | See Above | | | ----- | | | | | | |
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| | | | | | | | | | | | | |
| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle #Occupants | | | <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 | | | Action 15 97 Location 16 99 Condition 17 1 | | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |
| License # St DOB/Age | | | Reg # Reg Type Reg State | | | | | | | | | |
| Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL | | | Veh Year Veh Make Veh Config. 20 | | | | | | | | | |
| Endorsment | | | Operator EPSTEIN MARTIN | | | Owner Last First Middle | | | | | | |
| Address 34 CUSHING AVE | | | Address | | | | | | | | | |
| City BELMONT State MA Zip 02478 | | | City State Zip | | | | | | | | | |
| Insurance Company | | | Vehicle Action Prior to Crash 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | Event Sequence 22 22 22 22 | | | 2 3 4 | | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 23 | | | 1 9 10 Undercarriage | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 24 24 | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed | | | 8 7 6 | | | | | | |
| 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 | | | ----- | | | 10 1 | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

mill st

bullough pk

Unit 2

Unit 1

upland rd

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 9-28-19 AT APPROX. 1449HRS. WHILE WORKING N492 I TOOK A REPORT FOR ACCIDENT HIT AND RUN. UPON ARRIVAL AT MILL AND UPLAND ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON MILL ST. WHEN SHE WAS HIT IN THE RIGHT SIDE OF HER VEHICLE B VEHICLE #2. DRIVER STATES THE HIT SPUN HER COMPLETELY AROUND. VEHICLE #2 SPED AWAY FROM THE SCENE N-BOUND ON UPLAND RD. OPERATOR OF VEHICLE #1 REPORTS NO INJURIES. WAS ADVISED TO CONTACT HER INSURANCE COMPANY.

AT THE ACCIDENT SCENE WAS THE LICENSE PLATE (MA REG#, 1MB926). IT HAD COME OFF VEHICLE #2 DURING THE CRASH. I HAD DISPATCH RUN THE PLATE AND IT CAME BACK TO (MARTIN EPSTEIN, DOB: 7-31-42, WATERTOWN ,MA.). PRIOR TO CALLING THE OWNER OF THE PLATE I WAS NOTIFIED BY DISPATCH THAT THE PARTIES INVOLVED IN THE ACCIDENT WERE AT THE STATION AND WOULD LIKE TO SPEAK TO ME. UPON ARRIVAL AT THE NEWTON POLICE STATION FRONT

(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

THOMAS P WALSH **NEWTON POLICE DEPART** **09/28/2019**

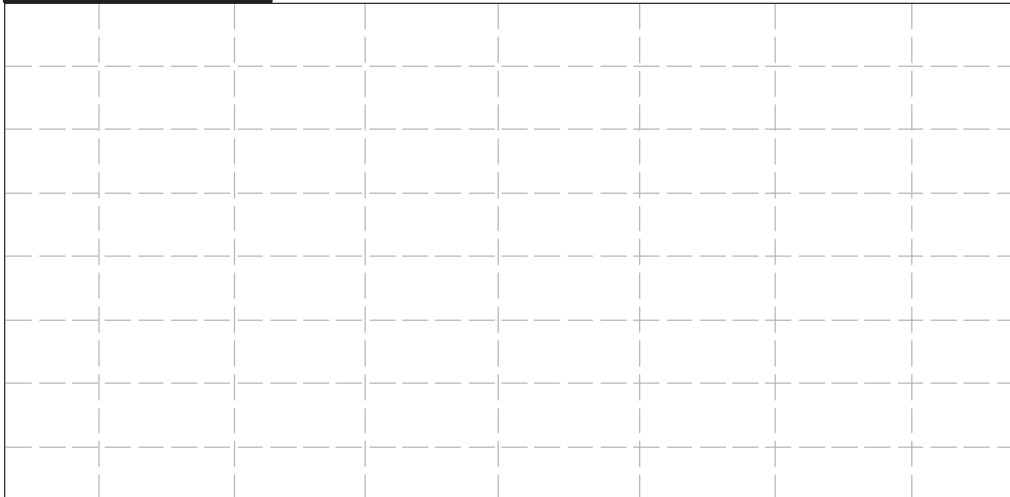
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

DESK I MET (MARTIN EPSTEIN JR) . HE STATED THAT HIS MOTHER (MARSHA EPSTEIN) ALSO PRESENT WAS OPERATING THE VEHICLE THIS AFTERNOON WHEN THE ACCIDENT OCCURRED . HE STATED SHE WAS ON HER WAY BACK ROM BETH ISRAEL HOSPITAL ONCOLOGY WHERE HER HUSBAND (MARTIN EPSTEIN) WAS DIAGNOSED WITH A GLIOBLASTOMA . SHE WAS INFORMED THAT IT WAS FATAL AND THEY WOULD BE PLACING HIM IN HOSPICE CARE SOON . EPSTEIN JUNIOR STATED HIS MOTHER CALLED HIM BELIEVING SHE WAS IN AN ACCIDENT BUT DOES NOT REMEMBER THE DETAILS . I INFORMED THE PARTIES ABOUT WHAT HAD OCCURRED FROM THE INFORMATION I HAD RECEIVED FROM THE OPERATOR OF VEHICLE #1 . I INFORMED BOTH PARTIES THAT SINCE THEY CAME IN I WOULD NOT BE SEEKING COMPLAINTS FOR LEAVING THE SCENE OF PROPERTY DAMAGE . THEY WERE INFORMED THAT THEY WILL BE RECEIVING A CITATION FOR (89/9 , FAILURE TO STOP FOR STOP SIGN) . I ESCORTED MARTIN EPSTEIN JUNIOR TO THE REAR OF THE STATION WHERE I RETURNED THE FRONT PLATE THAT WAS FOUND

(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

THOMAS P WALSH

NEWTON POLICE DEPART

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

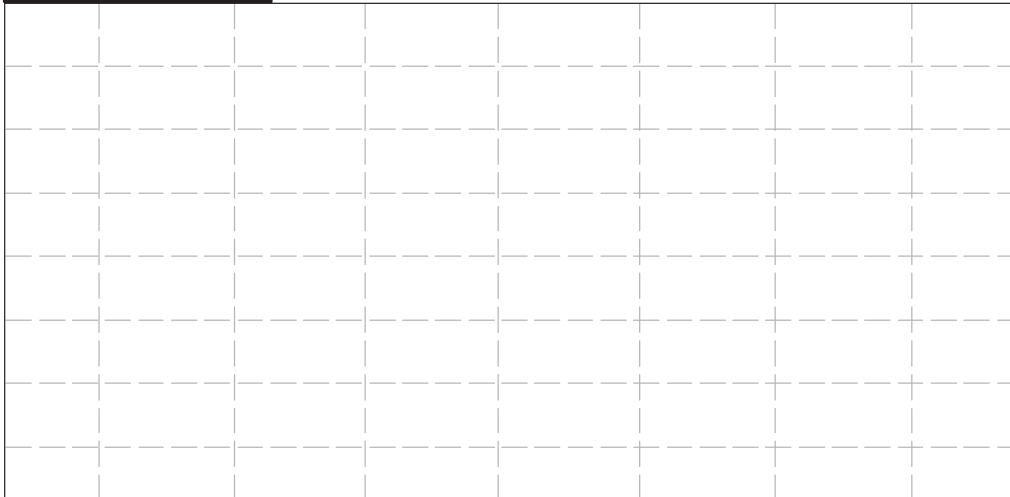
Precinct/Barracks

Date

→ 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:

AT THE SCENE. HE INFORMED ME THAT SINCE HIS MOTHER DOES NOT RECALL THE ACCIDENT HE HAS TAKEN HER KEYS AWAY AND REVOKED HER DRIVING PRIVILEGES FOR THE SAFETY OF ALL PARTIES INVOLVED. HE STATES HE HAS SIBLINGS AS WELL AS FRIENDS OF THE FAMILY WHO LIVE IN THE AREA AND STATED THEY WOULD DRIVE HER WHENEVER NECESSARY. I INFORMED MS EPSTEIN THAT I WOULD MAIL HER A CITATION (T1445179, 89/9, FAILURE TO STOP AT STOP SIGN). IN CONSIDERATION OF ALL FACTS INVOLVED AN IMMEDIATE THREAT WAS FILED AND SENT TO THE REGISTRY OF MOTOR VEHICLES ON 9-29-19.

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

THOMAS P WALSH

NEWTON POLICE DEPT

09/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date