

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|---|--|--|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|----|
| Date of Crash 10/10/2019 | | Time of Crash 11:33 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: | | | | | | 9 | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | | SOUTH 165 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____ | | | | | | | | 2 | 10 |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | | | 11 | 2 |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 1900001031 | | | | | | | |
| License # _____ St NY DOB/Age _____ | | | | Reg # HTN3760 Reg Type PAN Reg State NY | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2017 Veh Make VOLS Veh Config. 2 20 | | | | | | | | | |
| Operator MENDEL MADISON Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | |
| Address 6 BARTS CT | | | | Address _____ | | | | | | | | | |
| City LOUDONVILLE State NY Zip 12211 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company NATIONWIDE | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 19 24 24 | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | | | | | | |
| 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 # RW215W Reg Type PAN Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 | | | | | | | | | |
| Operator STRIPINIS JAIME Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | |
| Address 49 KATHERINE RD | | | | Address _____ | | | | | | | | | |
| City STONEHAM State MA Zip 02180 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company LM GENERAL | | | | Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | | | | | | |
| 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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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

165 Needham St

Unit 2

Unit 1

N

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:

Jaime Stripinis was stopped at 165 Needham St. in traffic while operating vehicle #2. Jaime states that while she was stopped she was struck from behind by vehicle #1.

Madison Mendel was operating vehicle #1 on Needham St. and states that vehicle #2 stopped suddenly and she struck vehicle #1 from behind. No injuries, no tows.

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

10/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date