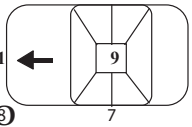
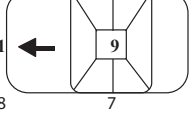


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 12/16/2019		Time of Crash 16:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>NORTH 47 WABAN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>PEARL ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____ Last _____ First _____ Middle _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company COMMERCE INSURANCE</div>						<div>Reg # 722JZ3 Reg Type PAN Reg State MA</div> <div>Veh Year 2017 Veh Make HONDA Veh Config. 2 20</div> <div>Owner KAZAKOFF-EIGEN STACEY Last _____ First _____ Middle _____</div> <div>Address 136 JEWETT ST</div> <div>City NEWTON State MA Zip 02458</div> <div>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div> <div>Driver Contributing Code 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 5 11 Totalled</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Pearl St

Waban St

MV#2

MV#1

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:

MV#1 was parked facing northbound on Waban St. MV#2 traveled northbound around MV#1, sideswiping MV#1. Damage was observed to MV#1's driver's side front end, while MV#2 had damage to its passenger side, side panel. No injuries were reported. MV#1 was unoccupied at the time of collision and MV#2 was able to be driven away from the scene.

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