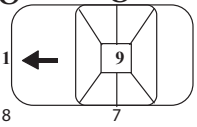
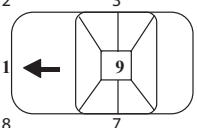


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/01/2020	Time of Crash 18:17 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	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: _____				
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 326 FULLER 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 _____			Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000003					
License # _____ St MA DOB/Age _____			Reg # 1DA662		Reg Type PAN		Reg State MA					
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2012		Veh Make FORD		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20					
Operator TRASK VINESSA Last First Middle			Owner (Same as operator)		Last First Middle							
Address 12 ELLIOT TER			Address _____		City _____ State _____ Zip _____							
City NEWTON State MA Zip 02464			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)							
Insurance Company COMMERCE			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Most Harmful Event <input type="checkbox"/> 20 <input type="checkbox"/> 23		Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override <input type="checkbox"/> 25 Towed Y		Diagram: 		10 Undercarriage 11 Totaled					
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 Sex 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 type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____					
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20					
Operator _____ Last First Middle			Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____					
Address _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)							
City _____ State _____ Zip _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Most Harmful Event <input type="checkbox"/> 23		Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24					
Insurance Company _____			Underride/Override <input type="checkbox"/> 25 Towed _____		Diagram: 		10 Undercarriage 11 Totaled					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			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 Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist			See Above		1 4 99 0 0 10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

326 Fuller street

Fuller St

← 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 Wednesday, January 1st 2020, at approximately 6:17pm, I, Officer Brooks, responded to 326 Fuller street for a single car MVA. I was able to observe MV1(MA REG 1DA662) which had two flat tires on the passenger side, as well as damage to the front passenger side bumper.

The operator stated she was traveling eastbound on Fuller street, and struck a sidewalk bump out in front of 326 Fuller street. The bump outs were placed to create parking areas on Fuller street in front of the Brae Burn Country Club. The operator stated she was not able to see the bump outs, and that the area was not marked clearly. The operator stated she did not sustain any injuries as a result of the accident.

I was able to observe the area in question, and the bump outs are not clearly marked. There is no colored paint, or reflective markings warning operators of the presence of the bump outs.

(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

JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	01/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Release code	42
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CDP1 11 -24:00