

| Police Use Only  |                                 |                                | Commonwealth of Massachusetts |   |                        |                                      | RMV Document Number    |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of Crash<br>01/25/2020  |                                 | Time of Crash<br>19:09<br>24HR |                               | City/Town<br>NEWTON   |                        | Motor Vehicle Crash<br>Police Report |                        | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |                       | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT INTERSECTION:   |                                 |                                |                               | < LOCATION >  |                        | NOT AT INTERSECTION:                 |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div><div><div>SOUTH</div><div>NEEDHAM ST</div></div><div>Route# Direction Name of Roadway/Street<br/>At</div><div>Route# Direction Name of Intersecting Roadway/Street<br/>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 _____<br/>Mile Marker Exit Number</div><div>Feet N S E W of _____<br/>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____<br/>Landmark</div></div>  |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants   |                                 |                                |                               | <input type="checkbox"/> Hit/Run  |                        | <input type="checkbox"/> Moped       |                        | Case Number 2000000095  |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| License # --- St MA DOB/Age ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator PANNULLO LYDIA<br>Address 743 NEWPORT AVE<br>City PAWTUCKET State RI Zip 02861<br>Insurance Company GEICO   |                                 |                                |                               | Reg # ZQ235 Reg Type PAS Reg State RI<br>Veh Year 2019 Veh Make KIA Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 1 24 24 5 11 Totaled<br>Underride/Override 25 Towed N 6   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator   | See Above                       | -----                          | ---                           | ---   | 1                      | 4                                    | 4                      | 0                       | 0                      | 10  | 1                     |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                 |                                |                               |   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                 |                                |                               |   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                 |                                |                               |   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator RUBIN STEPHANIE<br>Address 29 YALE RD<br>City NEEDHAM State MA Zip 02494<br>Insurance Company SAFETY  |                                 |                                |                               | Reg # US1317 Reg Type PAN Reg State MA<br>Veh Year 2012 Veh Make NISSAN Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 4 24 18 24 5 11 Totaled<br>Underride/Override 25 Towed N 6  |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator/Non-Motorist  | See Above                       | -----                          | ---                           | ---   | 1                      | 4                                    | 4                      | 0                       | 0                      | 10  | 1                     |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RUBIN, QUINN   | 29 YALE RD<br>NEEDHAM, MA 02494 | ----                           | F                             | 6   | 4                      | 4                                    | 4                      | 0                       | 0                      | 10  | 1                     |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                 |                                |                               |   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                 |                                |                               |   |                        |                                      |                        |                         |                        |   |                       |  |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |   |   |   |   |   |    |   |  |              |                                 |      |   |   |   |   |   |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

HOME GOODS  
210 NEEDHAM STREET

NEEDHAM STREET

Unit 1  
Unit 2  
P.O.I.

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:**

Operator of Vehicle #1 stated that she was traveling south on Needham Street when Vehicle #2 exited the parking lot of Home Goods onto Needham Street. The front of Vehicle #1 struck Vehicle #2 on the passenger side rear door and wheel well.

Operator of Vehicle #2 stated that she was pulling out of the parking lot onto Needham street when she was struck by Vehicle #1.

All parties were evaluated by Newton Medics and signed refusals. No injuries were reported.

**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