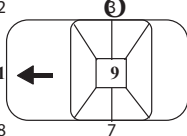
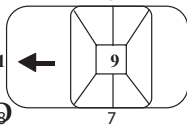


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/27/2020		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				NORTH 184 PARMENTER RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000098			4	
4				License # --- St MA DOB/Age ---		Reg # 5SZ613		Reg Type PAN		Reg State MA		12		
1				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____		Veh Year 2016		Veh Make SUBA		Veh Config. 1 20		1		
5				Operator KLEINER ALIYA Last First Middle		Owner KLEINER AARON Last First Middle								
6				Address 86 TOLMAN RD (apt. 2)		Address 4401 (apt. 304) GULF OF MEXICO								
				City NEWTON State MA Zip 02465		City LONGBOAT State FL Zip 01604								
				Insurance Company CITIZENS		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							10 Undercarriage 11 Totaled	
				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 N								
7				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	
1				Operator See Above		1 4 4 0 0 10 1 NONE							1	
8				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 # 4LB423		Reg Type PAN		Reg State MA		
1				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____		Veh Year 2016		Veh Make TOYT		Veh Config. 1 20				
				Operator SEIDOVA BIBI Last First Middle		Owner (Same as operator) Last First Middle								
				Address 38 FALMOUTH RD		Address _____								
				City NEWTON State MA Zip 02465		City _____ State _____ Zip _____								
				Insurance Company GEICO		Vehicle Action Prior to Crash 6 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							10 Undercarriage 11 Totaled	
				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 N								
9				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 NONE								

[illegible]

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

MICHAEL ANTHONY IAROSSI			NEWTON POLICE DEPARTM		01/27/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					