

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/13/2020	Time of Crash 18:30 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 265 WISWALL RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000150		
License # --- St MA DOB/Age ---			Reg # 5KK192 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011 Veh Make LEXS Veh Config. 1 20		
Operator DON TALIA Last First Middle			Owner (Same as operator) Last First Middle			Address 45 DEXTER RD			Address		
City NEWTON State MA Zip 02460			City State Zip			Insurance Company THE COMMERCE INS COMPANY			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Citation # (If Issued)			Most Harmful Event 2 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		
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			Operator		
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 # 7VMV30 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014 Veh Make TOYT Veh Config. 2 20		
Operator EZRACH HANNA Last First Middle			Owner (Same as operator) Last First Middle			Address 268 JACKSON STREET			Address		
City NEWTON State MA Zip 02459			City State Zip			Insurance Company METROPOLITAN PROPERTY INS			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Citation # (If Issued)			Most Harmful Event 2 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		
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			Operator/Non-Motorist		

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 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 _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11			
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 200000150							
4 License # --- St MA DOB/Age --- Reg # T99985 Reg Type TRN Reg State MA			Veh Year 2019 Veh Make CHEV Veh Config. 2 20				12			
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Operator ZUR OFIR				Owner (Same as operator)			
Address 143 OAKDALE RD			City NEWTON State MA Zip 02461				City _____ State _____ Zip _____			
Insurance Company COMMERCE INS COMPANY			Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)			
5 Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22				10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 2 23				5 11 Totaled			
6 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 99 24				8 7 6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code				13			
Operator			See Above							
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
8 License # --- St DOB/Age --- Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20							
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator				Owner			
Address			City State Zip				City State Zip			
Insurance Company			Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22				10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23				5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24				8 7 6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code							
Operator/Non-Motorist			See Above							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WISWALL RD

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:**

OPMV#1 Was parked out in front of 265 Wiswall Rd when she was struck by the OPMV#2 in the rear bumper.

OPMV#1 Stated she was parked waiting for her child at 265 Wiswall Rd when the vehicle behind her struck her vehicle.

OPMV#2 Was parked in front of 265 Wiswall Rd when the OPMV#3 struck her rear bumper causing her to collide with the OPMV#1.

OPMV#2 Stated she was parked waiting for her child in front of 265 Wiswall Rd when she was struck by a vehicle from behind causing her to hit the vehicle in front of her.

OPMV#3 Was parked in front of 265 Wiswall Rd when he started to travel forward colliding with the OPMV#2.

OPMV#3 Stated he was parked in front of 265 Wiswall Rd waiting for his child and he didn't know what

(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

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

♀ Pedestrian

[illegible]

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

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

42

CDP1 11 -24:00