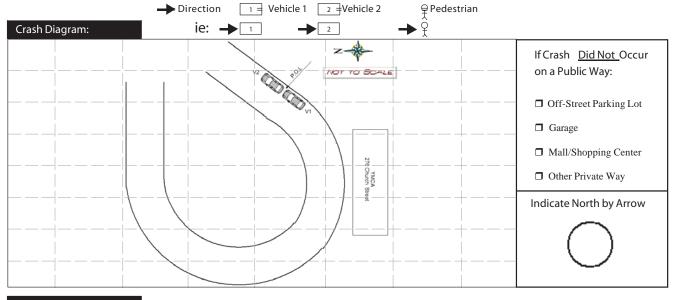
| | Poli | ce Use Only | | Commo | nwealth | of M | [assa | chu | setts | 5 | | R | MV Do | cumer | nt Number | |
|----------|---|-------------------------|--------------------|----------------------|---|--|--|--------|---------------------------------|--------------------------|------------------------|----------------------|--------------------------------|-----------|---|-------|
| | Date of Crash 02/17/2020 | Time of Crash 16:14 | City/T NEWTON | own M | lotor V | ehicle | Cras | sh | Number Vehicles | | | Speed L Latitude | | | State Police Local Police MBTA Police | |
| | 0417/2020 | 24HR | | | | e Repo | ort | | 2 | 0 | | Longitue | | | Other: | |
| | | AT INTER | RSECTION: | < | LOC | CATION | > | > | | N | OT A | T IN | TERS | SECT | ION: | |
| | | | | | | | NORTH | 276 | | CHU | RCH | ST | | | | |
| | Route# Direct | tion | Name o | f Roadway/Street | | Route# | Direction | n Add | ress # | | | Name o | of Roady | way/Str | reet | |
| \dashv | At | | | | | Feet NSEW of or | | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | - | | | | Mil | e Mark | ter | | I | Exit Number | _ |
| | | | Also at Inte | rsection with | | _ | Feet N | SEV | V of | Rou | te# | Inter | secting | Roadwa | av/Street | - |
| 1 | | | | | Route# Intersecting Roadway/Street Feet N S E W of | | | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | Landma | rk | | |
| | XVehicle1 | 0_#Occupants | Hit/Run | Moped | Case Num | ber | | 200 | 0000163 | 3 | | | | | | |
| | License# | | St | DOB/Age | R€ | g # 5WD814 | 1 | | | Reg | Type | PAN | ī | Reg Sta | te MA | |
| | License # St DOB/Age Sex Lic. Class | | | | | eh Year_2016 | | | | - | | | | - | 20 | _ |
| \dashv | | | | Endorsr | ment | vner SWA | | | | | | | | , | ь. [| |
| | | Last | | Middle | , Δ. | dress 124 G | Last SARLAN | D RD | | First | | | M | iddle | | _ |
| | | | | tateZip | | Address 124 GARLAND RD City NEWTON State MA Zip 02459 | | | | | | | | | | |
| | | _{pany} AMICA M | | Zip | | hicle Action | | Crash | | 21 | | | | _ | cle Up to Thr | ree) |
| \neg | , | | | ponding to Emergence | | ent Sequenc | 22 | 2 22 | 22 | 22 | 2 | | 3 | 4 | | |
| ╝ | | ssued) | | ponding to Emergent | | ost Harmful | | 23 | | | | | \square | | 10 Undercar | riage |
| | | | | n 2: ChSec | | | | 1 de 1 | 24 | 24 | • | - | 9 | 5 | 11 Totaled | |
| | | | | | | iver Contrib | Ī | 25 | L | | 8 | | 7 | 6 | | |
| + | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Underride/Override | | | | | | | | | | |
| - | Name (Last Firs | | 1 | Addre | | | | Sex Po | s. \$ysten | Airbag A Status S | witch (| Eject Tra Code Co | p Injury de Status | Code Code | Medical Facil | lity |
| | Operator | | | See Abo | | | | | | | | | _ | + | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 7 | Please Select O | IX Vobicle | 2 <u>1</u> #Occupa | nts Non-Motor | ist A Type | 14 Actio | 15 on | Locat | ion | 16 Co | nditio | n 1 | 17 | Hit/R | un Mor | oed |
| | or the Following: | | | | | D # 4WK470 | | | | | | - | | | | |
| | License # St MA DOB/Age St 18 | | | | | Reg # 4WK470 Reg Type PAN Reg State MA | | | | | | | 20 | - | | |
| 4 | Sex_F_ Lic. Class D Lic. Restrictions 9 CDL | | | | | Veh Year 2010 Veh Make SUBU Veh Config. 1 | | | | | | | | | | |
| ١ | Operator KORNBLATT REBECCA S Last First Middle Address 160 ELGIN ST | | | | | Owner (Same as operator) Last First Middle | | | | | | | | - | | |
| | | | | | | Address | | | | | | | | - | | |
| | City NEWTON CENTRE State MA Zip 02459 | | | | | City State Zip | | | | | | | | - | | |
| | Insurance Company STANDARD FIRE INS | | | | | _ Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) | | |
| | Vehicle Travel Direction: NSEW Responding to Emergency? N | | | | | Event Sequence 2 22 22 22 22 2 20 10 Undercarriage | | | | | | | | riage | | |
| | Citation # (If Is | ssued) | · | | | | Most Harmful Event 2 2 5 11 Totaled 5 11 Totaled | | | | | | | | 50 | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | Driver Contributing Code 99 | | | | | | | | | | |
| ļ | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | nderride/Ove | rride _ | | Towe | | | 20 | 21 22 | | 1 | |
| | Ple Name (Last Fir | | operator and a | l occupants involve | | Ag | e/DOB | | 26 27 at Safety os. Syste | 28 Airbag m Status | 29 Airbag Switch | | 31 32 p Injury ode Statu | | ·. | ility |
| | Operator/ | Non-Motorist | | See Abo | ve | | | - | 1 | 4 | | 0 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | I | | | | | | | | | | |
| f | | | | | | | | | | | | | | | | |



Crash Narrative:

Owner of V1 stated he was in the YMCA swimming. When he came out he was notified V1 was involved in a MVA.

Owner of V1 stated he had to be at an appointment so he left. Later in the day, the Owner of V1 called for assistance. Owner of V1 showed me minor damage (cracked bumper). It should be noted I could not see the damage until he pointed it out. I had to bend down to see the damage.

Witness stated she saw V2 back up into V1. Witness stated she took an image of V2 and told the Opr of V2 she hit V1. Witness went into the YMCA and gave them the information. V2 left the scene.

I called the Owner/Opr of V2. Opr of V2 stated she was unaware of the damage. Opr of V2 stated she thought she felt a bump while backing up, got out of V2, looked for damage, did not see any, and left. Opr of V2 stated she was backing up to leave the parking space.

(Continued on next page)

| Name (Last, First, Middle) Address Phone # **COPLIKAJ , ZERINA, , | Statement N | | | | | | | | | | |
|---|-------------|--|--|--|--|--|--|--|--|--|--|
| KOPLIKAJ, ZERINA, , | N | | | | | | | | | | |
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| | | | | | | | | | | | |
| Property Damage: | | | | | | | | | | | |
| Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Truck and Bus Information: Registration # | | | | | | | | | | | |
| Address | St Zip | | | | | | | | | | |
| US DOT #: State Number Issuing State ICC #: Interstate | 36 | | | | | | | | | | |
| Cargo Body Type Code Gross Vehicle Weight 38 | | | | | | | | | | | |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length | | | | | | | | | | | |
| Hazmat Information: | | | | | | | | | | | |
| Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code | 42 | | | | | | | | | | |

| - | Direction 1 | ☐ Vehicle 1 ☐ 2 | =Vehicle 2 | Pedestr | ian | | | |
|-----------------------------|---------------------|-----------------|---------------|------------------|-----------------------------------|---|-----------|--|
| Crash Diagram: | ie: 🛶 🛚 1 | 2 | - | Ŷ | | | | |
| Crash Diagram: | ie: I | | | | If Cron a | rash Did Not Oo a Public Way: Off-Street Parking I Garage Mall/Shopping Cen Other Private Way tate North by Arr | Lot | |
| Crash Narrative: | | | | | | | | |
| No injuries and no vehicl | es were towed. | | | | | | | |
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| | | | | | | | | |
| Witnesses: | | | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | : | Statement | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damag | ged Property | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehi | cle Section) | | | | |
| Carrier Name | | | | Carrier Issu | Carrier Issuing Authority Code 35 | | | |
| Address | | | City | | St | Zip | | |
| | | | • | | | _ | 36 | |
| US DOT #: | State Number | 38 | Issuing State | ICC #:_ | | _ Interstate | | |
| Cargo Body Type Code G1 | ross Vehicle Weight | 30 | | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Length 39 | | | |
| Hazmat Information: | _ 2 71 | _ J <u>—</u> | | | | | | |
| 40 | t # 41 Motorial N | Jama | | Motori 14 | licit # | Dolones 1 | 42 | |
| Placard Material 1 digit | # Material N | vaine | | iviaterial 4 d | ligit # | Release code | | |
| | | | | | | | | |
| DANIEL ANDERSON | | 32456 | NEWTO | N POLICE DEPARTM | | 02/17/202 | 20 | |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)