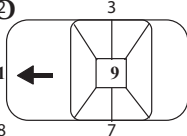
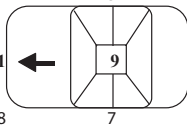


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/29/2020		Time of Crash 19:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
WEST COUNTRYSIDE RD												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
SOUTH DEDHAM ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								2	
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000200					
License # --- St MA DOB/Age ---				Reg # 6SH267 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make NISSAN Veh Config. 2 20									
Operator MAR WOODIE R				Owner (Same as operator)									12
Address 119 HAMILTON AVE (apt. 3)				Address _____									
City LYNN State MA Zip 01902				City _____ State _____ Zip _____									
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22									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									
Please fill out for operator and all occupants involved													13
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													1
Operator See Above				-----									
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 # 5CH377 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make LEXUS Veh Config. 2 20									
Operator RUMIANSTEV ANDREI				Owner SHARAPOVA VICTORIA									
Address 245 MAIN ST (apt. 31)				Address 700 EDGELL RD									
City WATERTOWN State MA Zip 02472				City FRAMINGHAM State MA Zip 01701									
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22									10 Undercarriage 11 Totaled
Citation # (If Issued) T2080745				Most Harmful Event 1 23									
Violation 1: Ch 003 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 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				-----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Based on observations and statements made, the following occurred. M/V#1 was traveling south on Dedham St. approaching Countryside Rd. when the operator observed M/V#2 on the side of the road (just past Countryside Rd) start backing up.

Operator #1 came to a complete stop, approx. 10 ft before Countryside, and saw M/V#2 still backing up.

Operator #1 began to beep his horn as M/V#2 got closer, but it did not stop. The left rear of M/V#2 collided with the right front of M/V#1, causing damage.

M/V#2 then drove off westbound on Countryside Rd. Operator #1 was able to take a picture with his cell phone of M/V#2's license plate (MA REG 5CH377).

Dispatch was able to speak to the owner of M/V#2, who stated that her husband was driving.

(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

STEVEN C EMMANUEL NEWTON POLICE DEPT 02/29/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

