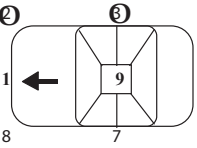
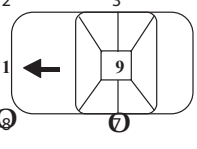


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/06/2020	Time of Crash 15:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WASHINGTON ST							
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			JACKSON RD							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000317			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>817DG1</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>CANNON</u> <u>TASHA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>17 JACKSON TERR (apt. 2)</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>			City _____ State _____ Zip _____							
Insurance Company <u>GEICO</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>99</u> <u>24</u>			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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			-----			-----				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>32969</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2012</u> Veh Make <u>VOLK</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>JONES</u> <u>LESTER</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>61 BIRCH HILL RD</u>			Address _____							
City <u>STOW</u> State <u>MA</u> Zip <u>01775</u>			City _____ State _____ Zip _____							
Insurance Company <u>COMMERCE INS</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>99</u> <u>24</u>			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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:

WASHINGTON ST

JACKSON RD

Unit 2

Unit 1

Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

OPMV#1 Was stopped at the intersection of Jackson Rd and Washington St. OPMV#1 Took a left turn onto Washington St when she was struck by the OPMV#2.

OPMV#1 Stated the light turned green and when she went to take a left turn she was struck by a vehicle on Washington St.

OPMV#2 Was traveling Eastbound on Washington St when they collided with the OPMV#1 at the intersection of Washington St and Jackson Rd.

OPMV#2 Stated the light was turning yellow when he entered the intersection and then was hit by the other driver.

MV#2 Was towed by Tody's Towing.

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