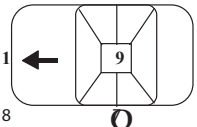
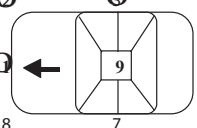


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/08/2020	Time of Crash 09:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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 _____			SOUTH 310 PARKER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								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 _____ Route# _____ Intersecting Roadway/Street _____								10			
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 _____ Landmark _____								11			
2 2			3 2			<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000434					3			
4 1			5			6 1					12			
License # _____ St MA DOB/Age _____ Sex M Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator PERAZA ROBERTO Address 10 SUNNYSIDE AVE (apt. 1) City EVERETT State MA Zip 02149 Insurance Company COMMERCE			Reg # T83809 Reg Type CON Reg State MA Veh Year 1995 Veh Make MACK Veh Config. <u>10</u> <u>20</u> Owner R PERAZA CORP Address 10 SUNNYSIDE AVE City EVERETT State MA Zip 02149 Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed N								13			
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 ----- --- 1 4 99 0 0 10 1 NONE					1			
7 3			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											
8 1			License # _____ St MA DOB/Age _____ Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator LEVIN LEONID D Address 106 DEBORAH RD City NEWTON State MA Zip 02459 Insurance Company METROPOLITAN PROPERTY			Reg # 5RS867 Reg Type PAN Reg State MA Veh Year 2017 Veh Make VOLVO Veh Config. <u>2</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>19</u> <u>24</u> <u>18</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed Y								
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 1 99 0 0 10 1 NONE								

→ 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:

#1 VEHICLE WAS STOPPED ON KENDALL RD, AT THE INTERSECTION OF PARKER ST. VEHICLE #2 WAS TRAVELING DOWN PARKER ST, HEADING SOUTHBOUND. SEEING THE COAST WAS CLEAR IN BOTH DIRECTIONS, VEHICLE #1 PULLED OUT ONTO PARKER ST, IN AN ATTEMPT TO TAKE A LEFT HAND TURN. AT THIS TIME VEHICLE #2 WAS NOT PAYING ATTENTION, WAS APPARENTLY DISTRACTED AND HIS VIEW WAS OBSTRUCTED BY A TREE PARTIALLY BLOCKING HIS VIEW THEN IN TURN, DROVE INTO VEHICLE #1. VEHICLE #2 OPERATOR STATED THAT THE ACCIDENT WAS HIS FAULT AS WAS NOT PAYING ATTENTION. NO INJURIES REPORTED, VEHICLE #2 TOWED BY TODYS TOWING OF NEWTON. THERE IS A TREE AT THE INTERSECTION OF KENDALL & PARKER ST, THAT NEEDS TRIMMING THAT OBSTRUCTED BOTH DRIVERS VIEW. CITY NOTIFIED TO TRIM TREE TO PREVENT FURTHER OBSTRUCTED VIEWS.

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