

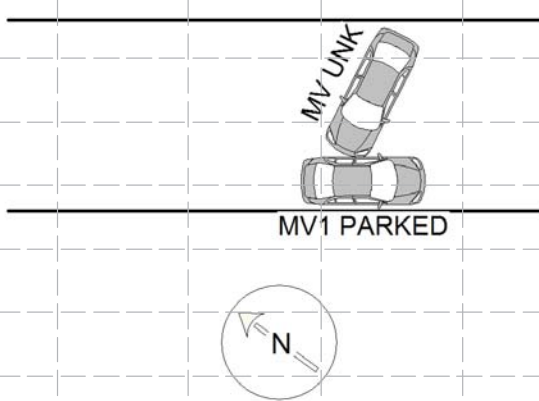

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/10/2020	Time of Crash 11:17 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 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:				
Route# Direction Name of Roadway/Street At			EAST 99 FLORENCE ST (LOT) Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000442		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 3EB970 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20			4 1					
Operator Last First Middle Address			Owner MOISENA JEANPIERRE Address 22 (apt. B) INTERFAITH TER			12 1					
City State Zip Insurance Company COMMERCE			City FRAMINGHAM State MA Zip 01702			5					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			13 2					
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 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											
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20			8 1					
Operator Last First Middle Address			Owner Last First Middle Address								
City State Zip Insurance Company			City State Zip								
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled					
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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

Crash Diagram:

ie: → 1 → 2 →

<p>99 FLORENCE ST BUILDING 60 LOT</p> 	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <hr/> <p>Indicate North by Arrow</p> <div style="text-align: center;">  </div>
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Crash Narrative:

OWNER OF MV#1 NOTICED THAT ANOTHER VEHICLE HAD STRUCK HER PARKED CAR WHILE UNATTENDED. MV#1 WAS PARKED IN THE PRIVATE LOT IN FRONT OF BUILDING 60. MV1 SUSTAINED 2 DENTS TO THE DRIVER SIDE REAR DOOR. THERE ARE NOT ANY CAMERAS IN THE AREA.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

RICHARD F BENES

NEWTON POLICE DEPART

08/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date