

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/13/2020		Time of Crash 12:55 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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				NORTH 16 WESTCHESTER RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	5
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000449							
License # --- St MA DOB/Age ---				Reg # 367NC9 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013 Veh Make NISSAN Veh Config. 2 20									
Operator VARON ALESSANDRA Last First Middle				Owner VARON DAVID Last First Middle									
Address 210 RICHARD LANE				Address 210 RICHLAND RD									
City NORWOOD State MA Zip 02062				City NORWOOD State MA Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 2 23				1 9 8 7 6					
Violation 1: Ch _____ 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												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				1 4 99 0 0 99 1									
SCOTT, FRANK 3 BROOK AVENUE MONTVALE, NY 07645				M 1 1 4 99 0 0 99 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____				Reg # 886ZY6 Reg Type PAN Reg State NC									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2007 Veh Make HONDA Veh Config. 2 20									
Operator _____ Last First Middle				Owner KARAYAN ALEX P Last First Middle									
Address _____				Address 16 WESTCHESTER RD.									
City _____ State _____ Zip _____				City NEWTON State MA Zip 02458									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 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 2				3 4 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 8 7 6					
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													
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 1 1 1 1 1 1									

Commonwealth of Massachusetts

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Date of Crash	Time of Crash 24HR	City/Town	Number Vehicles	Number Injured	Speed Limit Latitude Longitude	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of <input type="text"/> or <input type="text"/> Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of <input type="text"/> Route# Intersecting Roadway/Street							
			Landmark							
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped				
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> CDL Endorsment			Veh Year Veh Make Veh Config. <input type="text"/>							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash <input type="text"/>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Responding to Emergency? <input type="text"/>			Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			2 3 4				
Citation # (If Issued)			Most Harmful Event <input type="text"/>			1 9 10 Undercarriage				
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code <input type="text"/> <input type="text"/>			5 11 Totaled				
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override <input type="text"/> Towed <input type="text"/>			8 7 6				
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 type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <input type="text"/>			14 15 16 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # St DOB/Age			Reg # Reg Type Reg State							
Sex F Lic. Class <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> CDL Endorsment			Veh Year Veh Make Veh Config. <input type="text"/>							
Operator KARAYAN IRENE Last First Middle			Owner Last First Middle							
Address 104 EASTSIDE PARKWAY			Address							
City NEWTON State MA Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash <input type="text"/>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Responding to Emergency? <input type="text"/>			Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			2 3 4				
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Operator/Non-Motorist See Above			-----			10 1				

→ 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:

While working N494 I was dispatched to a possible hit and run involving a parked motor vehicle in front of 16 Westchester Road. Upon arrival I spoke with the reporting party who stated that her neighbor saw MA REG 367NC9 back into her sons vehicle then park a few houses up on the same street.

I was able to make contact with the registered owner who made contact with his daughter who was driving the vehicle. Operator of Motor Vehicle #1 stated that she was attempting to turn around pulled into the driveway and when she was backing up slowly struck Motor Vehicle #2 which was park. Operator of motor vehicle one stated that parked her car and walked over to motor vehicle #2 and did not notice any damage which is why she left not notifying anyone.

I spoke to the registered owners of both vehicles and they decided to personally handle the matter. I helped

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
HOEFLE, CLARISSA,	17 WESTCHESTER ROAD NEWTON, MA 02458	-----	Y

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

ZOI H LAZARAKIS

NEWTON POLICE DEPART

08/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00