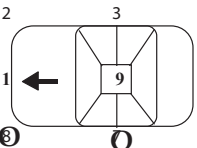
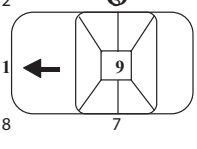


Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | | |
|---|--------------------------------|---------------------|---|---------------------|--|---|----------------------|--|---|--|--|--|
| Date of Crash 08/20/2020 | Time of Crash 15:33 24HR | City/Town NEWTON | 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: | | | | | |
| NORTH ADAMS ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST WATERTOWN ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 200000465 | | | |
| 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 CHOUJIAN TATEOS PUZANT Address 230 BEACON ST City WATERTOWN State MA Zip 02472 Insurance Company ARBELLA MUTUAL | | | Reg # 4LT443 Reg Type PAN Reg State MA Veh Year 2010 Veh Make NISS Veh Config. <u>1</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>9</u> <u>24</u> <u>24</u> <u>25</u> Driver Contributing Code <u>9</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed Y  | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | 13 | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | Operator See Above ----- --- 1 4 99 0 0 10 1 | | | | | | | | | |
| 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 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 YOUNG SAMUEL Address 23 WILTSHIRE RD City NEWTON State MA Zip 02458 Insurance Company ARBELLA MUTUAL | | | Reg # T89488 Reg Type CON Reg State MA Veh Year 2010 Veh Make CHEVY Veh Config. <u>97</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>3</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>9</u> <u>24</u> <u>24</u> <u>25</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed N  | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | 13 | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | Operator/Non-Motorist See Above ----- --- 1 4 99 0 0 10 1 | | | | | | | | | |

Crash Narrative:

The operator of MV 1 was traveling westbound on Watertown St and attempted to pass MV 2 on the right. While trying to pass MV 2, the operator of MV 1 struck MV 2's right side.

The operator of MV 2 was attempting to make a right hand turn Northbound onto Adam St from Westbound on Watertown St. While making the turn MV 2 struck his right side.

MV 1 sustained major damage to the front left part of the vehicle. The vehicle was towed by Tody's. A towed motor vehicle inventory sheet was filled out and filed. MV 2 sustained minor damage to the right side and was able to be driven away. The operator of MV 1 was issued citation T 2080795 M.G.L 89/4 (unsafe passing).

| 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 _____ | <div>35</div> |
| Address _____ | | City _____ | State _____ Zip _____ |
| US DOT #: _____ | | State Number _____ | Issuing State _____ ICC #: _____ Interstate _____ |
| Cargo Body Type Code _____ | <div>37</div> | Gross Vehicle Weight _____ | <div>38</div> |
| Trailer Reg #: _____ | | Reg Type _____ | Reg State _____ Reg Year _____ Trailer Length _____ |
| Hazmat Information: | | | <div>39</div> |
| Placard _____ | <div>40</div> | Material 1 digit # _____ | <div>41</div> |
| Material Name _____ | | Material 4 digit # _____ | Release code _____ |
| | | | <div>42</div> |