

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/01/2020	Time of Crash 16:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			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			WEST 40 CRESCENT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
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 200000490	
License # --- St MA DOB/Age ---			Reg # 6CM450 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make VOLVO Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Operator COHEN MARION F			Owner (Same as operator)				
Address 15 GORHAM AVE			City BROOKLINE State MA Zip 02445			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company NORFOLK & DEDHAM MUTUAL			Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 20 22 21 22 35 22 22 2 3 4				
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 35 23 1 9 5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 19 24 99 24			Underride/Override 25 Towed Y				
Please fill out for operator and all occupants involved			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 --- --- 99 4 99 0 0 10 1				
KORNFELD, MILTON			15 GORHAM AVE BROOKLINE, MA 02445 --- M 3 99 4 99 0 0 10 1							
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 ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment			Operator ---			Owner ---				
Address ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company ---			Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22 2 3 4				
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 23 1 9 5 10 Undercarriage 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 24 24			Underride/Override 25 Towed ---				
Please fill out for operator and all occupants involved			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 --- --- ---				

→ 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:

There does not appear to be any structural damage to anything other than the compressor. NFD checked the integrity of the house, and the compressor was unplugged. I took pictures of the scene and submitted the memory card to IT. Homeowner Xiaozhi Zhao and his family were present inside at the time of the collision and are unharmed.

Tody's responded and removed the vehicle from the property. It sustained heavy front end damage and was towed to their lot via flatbed. A m/v inventory form was filled out.

This report number has been provided to all parties for their respective insurance companies.

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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

09/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date