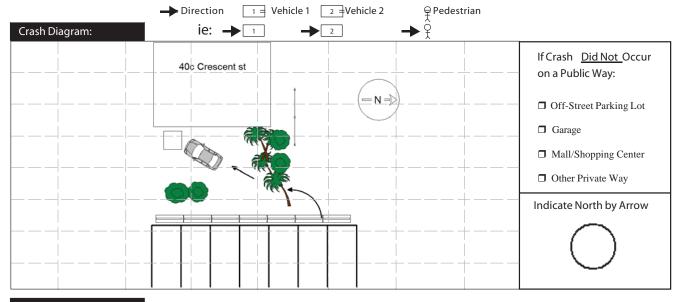
	Poli	ce Use Only		Common	wealth	of Mass	sach	uset	tts	[RN	AV Do	cumen	nt Number	
	Date of Crash 09/01/2020	Time of Crash 16:14	City/To NEWTON	own M	otor Ve	hicle Cr	ash	Num			Speed Li Latitude		SL	tate Police ocal Police ABTA Police	N Xi
	09/01/2020	24HR	NEWTON		Police	Report		1			Longitud			ABIA Police Other:	
		AT INTER	SECTION:	<	LOC	ATION	>			NOT A	AT IN	TERS	ECT	ION:	
						WEST	. 40	0	CI	RESCEN	T ST				┈
	Route# Direct	tion	Name of	Roadway/Street		Route# Direc	tion A	ddress	#		Name o	f Roadv	vay/Str	eet	=
At				At	Feet N S E W of • or _							╌			
	Route# Direc	tion N	Jame of Intersection	ng Roadway/Street		-]	Mile Mar	ker		Е	Exit Number	
			Also at Inte	rsection with		Feet	NSI	E W of		Route#	Inters	ecting F	Roadwa	ny/Street	-
						Feet	N S I	E W of				0		,	
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
99	XVehicle1	2_#Occupants	Hit/Run	Moped	Case Numb	er	:	2000000	0490						
	License#		St M	A DOB/Age	Res	#_6CM450			R	Reg Type	PAN	R	leg Stat	te MA	
	Sex_F Lic. 0	18 1		19 CDI	37.1	Year_2015								20	_
		HEN Last		F Endorsm	ent	ner (Same as o								·	_
1	Address 15 GC	DRHAM AVE	First	Middle								Mi	iddle		-
			St	ate_MA Zip_02445		Address State Zip									_
		_{pany} NORFOLK				icle Action Prior			21				_ ^	ele Up to Thr	_
				oonding to Emergency		nt Sequence 20		*		2 2		3	4		
		ssued)				st Harmful Event	1	3			\ \			O Undercarr	riage
				1 2: ChSec		ver Contributing		19 24	99 2	24 U ◀	- _	9) 5	11 Totaled	
1	Violation	3: ChSec	Violation	1 4: ChSec		lerride/Override	L	(F)	owed Y	, 8		7	6		
\dashv	Please fill out for operator and all occupants involved									28 29 ag Airbag tus Switch	30 3 Eject Trap Code Cod	1 32 Injury	33 Transp.		\dashv
ŀ	Name (Last First Operator	st Middle)		Addres See Abov		Age/DOB	Sex	Pos. \$y	stem Stat	switch 99	Code Cod	e Status	Code 1	Medical Facil	ity
}	KORNFELD, N	MILTON	1 -	GORHAM AVE			М		9 4		0 0	10	1		\exists
	1101011122271		BI	ROOKLINE, MA 0244	.5							10	1		
1	Please Select C of the Followin	Vehicle	#Occupan	ts Non-Motoris	st A Type	14 Action	15 Lo	cation	16	Conditio	on 1		Hit/Ru	un Mop	ed
			G,	DOD/A	D #			D 77							-
	License # St DOB/Age			19		g # Reg Type Reg State_					20	-			
-	Sex Lic. Class Lic. Restrictions CDL Endorsment				ent	Veh YearVeh MakeVeh Config Owner									
1	Operator	Last	First	Middle					I	First		Mi	iddle		-
						Address								-	
		CityStateZip							21				_ •		_
					venicie Action Prior to Crasn										
		Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 10 Undercarrias							riage		
		Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 9 5 11 Totaled								
		n 1: ChSe n 3: ChSe		Driver Contributing Code Underride/Override Towed 8 7 6											
				l occupants involved		Jona Cycline				28 29 ag Airbag	30 3 Eject Trap	1 32	33 Transp		\dashv
}	Name (Last Fi	rst Middle)	1	Addre	SS	Age/DOB	Sex	Pos. S	System Sta	atus Switch	Code Co		Transp. s Code	Medical Faci	lity
	Operator/	Non-Motorist		See Abov	ve										
-							\perp						-		\dashv
ľ															



Crash Narrative:

On 9/1/20 while working N493, I responded with N497 and the Fire Dept to 40 Crescent St for a report of a car into the house. On arrival I observed MA 6CM450 in the backyard of #40 unit C. It was stationary against the large AC Compressor in the rear of the unit, and appeared to had run over several large shrubs before coming to a stop.

I spoke with vehicle owner and operator Marion Cohen 8/27/46. Cohen stated that as she was parking in the rear lot of the complex, she accidentally mistook the brake for the gas pedal. She in turn ended up going over the curb and through some bushes before hitting the compressor. There was a passenger in the vehicle identified as Milton Kornfeld 3/10/42. Both occupants were checked out by medics and declined transport. The airbags did not deploy.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	40 (apt C) CRESCENT ST		
ZHAO , XIAOZHI,	NEWTON,MA 02465		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property ZHAO, XIAOZHI, ZHAO, XIAOZHI, , 617-416-9836 97 COMPRESSOR ZHAO, XIAOZHI, , 97 SHRUBS

Znao, alaozhi,	97 SHRODS	,
Truck and Bus Information: Registration #	(From Vehicle Section)	25
Carrier Name		Carrier Issuing Authority Code 35
Address	City	St Zip
US DOT #: State Number	Issuing State ICC #:	Interstate 36
Cargo Body Type Code Gross Vehicle Weight 38		39
Trailer Reg #: Reg Type Reg State	Reg Year Trailer Leng	
Hazmat Information:		
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit #	Release code 42

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→	2	Ŷ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
				+	Other Private Way	
		į į		į	Indicate North by A	irow
		+		+		
Crash Narrative:						
There does not appear to b	e any structur	al damage to	anything other	than the	e compressor. NFD checked	the
integrity of the house, ar	d the compress	or was unplug	gged. I took pi	ctures of	the scene and submitted	the
memory card to IT. Homeowr	er Xiaozhi Zha	o and his far	nily were prese	nt inside	e at the time of the collis	sion and
are unharmed.						
Tody's responded and remov	red the vehicle	from the pro	perty. It sust	ained hea	wy front end damage and	was
towed to their lot via fla	tbed. A m/v in	ventory form	was filled out	•		
This report number has bee	n provided to	all parties f	for their respe	ctive ins	surance companies.	
Witnesses:						i
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:						
Carrier Name	Registration #		(From Vehi	,	Carrier Issuing Authority Cod	35
Address			City			
US DOT#:					_	36
37	ss Vehicle Weight	38	Issuing State	ICC #	mierstate	
Trailer Reg #:		Reg State	Reg Year	Trai	iler Length	
Hazmat Information:	_ 5 71	_ 5				
Placard 40 Material 1 digit	# 41 Material N	Jame		Material 4 di	igit# Release code	42
	<u></u>					
KELEIGH N DONAHUE			NUMBER	N POLICE DEPARTA	09/01/20	020

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)