

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/14/2020		Time of Crash 08:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 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 _____				EAST 478 ALBEMARLE RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000517					11	4
License # _____ St MA DOB/Age _____				Reg # 32WK37 Reg Type PAN Reg State MA									12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008 Veh Make TOYT Veh Config. 2 20										
Operator PAZMINO LARISA Last First Middle				Owner (Same as operator) Last First Middle									1	
Address 478 ALBEMARLE RD				Address _____										
City NEWTON State MA Zip 02460				City _____ State _____ Zip _____										
Insurance Company USAA				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 4 22 22 22 22				2 3 4						
Citation # (If Issued) T2016094				Most Harmful Event 4 23				1 9 10 Undercarriage						
Violation 1: Ch 90/144 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
Please fill out for operator and all occupants involved													13	
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													4	
Operator See Above				-----										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 TX DOB/Age _____				Reg # 0U61F6 Reg Type PAN Reg State TN										
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make NISSAN Veh Config. 2 20										
Operator THOMAS MICHAEL J Last First Middle				Owner EAN HOLDINGS LLC Last First Middle										
Address 215 CANTERBERRY DR				Address 14002 E 21ST ST										
City NEW BRAUNFELS State TX Zip 78132				City TULSA State OK Zip 74134										
Insurance Company SELF				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 4 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 4 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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/Non-Motorist See Above				-----										
THOMAS, DONNA				215 CANTERBERRY DR NEW BRAUNFELS, TX 78132										

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Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit		State Police <input type="checkbox"/>	
		24HR								Latitude		Local Police <input type="checkbox"/>	
										Longitude		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							
						Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of 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 18 18 Lic. Restrictions 19 CDL Endorsment		Veh Year Veh Make Veh Config. 20											
Operator Last First Middle		Owner Last First Middle											
Address		Address											
City State Zip		City State Zip											
Insurance Company		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		2 3 4									
Citation # (If Issued)		Most Harmful Event 23		1 9 10 Undercarriage									
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 24 24		5 11 Totaled									
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed		6 7 8									
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		14 2 Action 15 2 Location 16 4 Condition 17 1		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # St DOB/Age		Reg # Reg Type Reg State											
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Veh Year Veh Make Veh Config. 20											
Operator MORSE KENNETH ARNOLD		Owner Last First Middle											
Address 46 BROOKSIDE AVE.		Address											
City NEWTON State MA Zip 02460		City State Zip											
Insurance Company		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		2 3 4									
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Operator/Non-Motorist		See Above		-----		-----		8 97					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Kenneth Morse stated that on 09/13/2020 at 11:35 hours he was riding his bike south bound on Eddy St and then turned eastbound on to Albemarle Rd . Albemarle Rd is a public way in the City of Newton that is one way.

Morse stated that as he turned onto Albemarle Rd he observed vehicle one parked facing east bound in front of 478 Albemarle Rd. Morse also stated that vehicle two was slowing down in front of 478 Albemarle Rd facing east bound. Morse stated that he had intended to ride his bike in between the vehicles. Morse stated that as he rode his bike pass vehicle one , it's front driver's side door opened. Morse stated that he crashed into the open front driver's side door of vehicle one and the impact caused him to lose control of his bike. Morse stated that after he had lost control of his bike he crashed into the rear quarter panel of vehicle two.

Michael Thomas operator of vehicle two stated that he was slowing down in front of 478 Albemarle Rd to look

(Continued on next page)

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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 09/14/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

