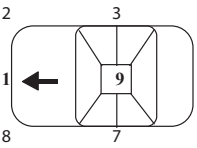
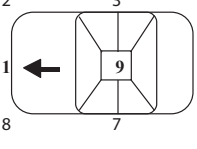


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/26/2020	Time of Crash 15:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 327 WASHINGTON ST 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000557			
License # _____ St MA DOB/Age _____			Reg # 1TV434		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2014		Veh Make MERZ		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator MICOZZI NINO Last First Middle			Owner (Same as operator)		Last First Middle					
Address 14 HUNTINGTON RD			Address _____		City _____ State _____ Zip _____					
City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company PRIVILEGE UNDERWRITERS RECIROCOL			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23		10 Undercarriage					
Citation # (If Issued) _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 20 <input type="checkbox"/> 24		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N		6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			-----		---		3 4 4 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # 1YVH96		Reg Type PAN		Reg State MA			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2011		Veh Make LEX		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator _____ Last First Middle			Owner O'KEEFE KELLY M Last First Middle		Address 293 CABOT ST		City NEWTON State MA Zip 02460			
Address _____			City NEWTON State MA Zip 02460		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company ESURANCE INSURANCE			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 3 4					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		10 Undercarriage					
Citation # (If Issued) _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N		6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			-----		---		3 4 4 0 0 10 1			

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ • _____ or _____ Mile Marker Exit Number							
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 _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000557	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL _____ Endorsement _____			Reg # 93C247 Reg Type PAN Reg State MA Veh Year 2015 Veh Make MAZD Veh Config. 1 20							
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company NORFOLK AND DEDHAM MUTUAL FIRE			Owner POUDYAL DURGA Last _____ First _____ Middle _____ Address 21 CROSS ST City WALTHAM State MA Zip 02453							
Vehicle Travel Direction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			Damaged Area Code: (Circle Up to Three)							
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			10 Undercarriage 11 Totaled							
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 _____ Sex _____ Lic. Class <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL _____ Endorsement _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____							
Vehicle Travel Direction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							
Please fill out for operator and all occupants involved			Damaged Area Code: (Circle Up to Three)							
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			10 Undercarriage 11 Totaled							

→ 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:

Vehicle one was driving westbound on Washington St when he stated that he was looking at the buildings across from 327 Washington St. Vehicle one drifted into parked car, vehicle two. Vehicle two was parked and unoccupied in a parking spot in front of 327 Washington St. Vehicle two moved forward from the impact and struck vehicle three. It should be noted that vehicle two already had extensive damage to the front end of the vehicle prior to the crash holding the bumper intact with duck tape and clear tape. Vehicle three had minor damage to the rear end bumper. No injuries were reported on scene.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KATELYN MARY POHLMAN

NEWTON POLICE DEPT.

09/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date