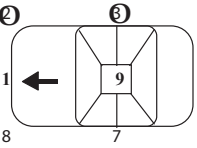
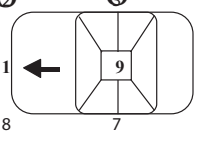


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/01/2020	Time of Crash 17:35 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		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: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 15 ROGERS 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 _____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000629			
License # _____ St MA DOB/Age _____			Reg # 7VTM10		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2010		Veh Make TOYOTA		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator BENTLEY LAURA A			Owner (Same as operator)							
Address 15 ROGERS ST			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company GOVERNMENT EMPLOYEES INSURANCE			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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			-----		---		0 4 4 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 <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 4NX898		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2011		Veh Make TOYOT		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator EVERETT BRITTANY			Owner (Same as operator)							
Address 15 ROGERS ST			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company GOVERNMENT EMPLOYEES INSURANCE			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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			-----		---		0 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:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 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 _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11			
4			Landmark							
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→ 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:**

On 10/30/2020 owners of vehicle one and vehicle two stated they parked their car on opposite side of their residence of 15 Rogers St. Both owners of the vehicle stated they went away for the weekend. On todays date 11/01/2020 both parties returned home to notice their vehicles to be damaged. Over the weekend there was snow that needed to be removed and due to my training experience and the bright yellow paint transfer and how high the damage was to both vehicles, it is believed to be a plow. Vehicle one had significant damage to the front passenger side wheel well and passenger door. Vehicle two had a long deep scratch from the passenger side front door to the rear door. Both vehicles showed bright yellow paint transfer onto the cars.

**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 DEPARTM		11/01/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00