

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/03/2020	Time of Crash 12:40 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 483 CENTRE ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____				1 11				
Route# Direction Name of Intersecting Roadway/Street			Landmark _____				1 1				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000698		
License # --- St MA DOB/Age ---			Reg # 2HRV51 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make MERZ Veh Config. 1 20		
Operator ZANDMAN DANIEL Last First Middle			Owner (Same as operator) Last First Middle			Address _____			Address _____		
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____			Insurance Company GEICO			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled			1 12		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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		
Operator See Above			-----			1 4 4 0 0 10 1			3		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 1 15 Location 4 16 Condition 1 17			<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 _____			Veh Year --- Veh Make --- Veh Config. 20		
Operator JAGODITISH DEXTER Last First Middle			Owner _____ Last First Middle			Address _____			Address _____		
City NEWTON State MA Zip 02458			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			Most Harmful Event 23			Driver Contributing Code 24 24		
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Operator/Non-Motorist See Above			-----			8 1			3		



→ 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:

It should be noted that the crash was reported by the Operator of Vehicle 1 Daniel Zandman at approximately 1400hrs. Zandman states that he was operating his Vehicle southbound on Centre St just after the intersection at Church St. Zandman states that Pedestrian 1 unexpectedly ran in front of his vehicle. Zandman stated that he did not have enough reaction time to come to a complete stop and his front bumper made contact with Pedestrian 1. Zandman stated that after impact he immediately got out of his vehicle and checked on Pedestrian 1. Zandman described pedestrian on as a 10 year old white male identified as Dexter Jagoditish. Zandman stated that while on scene Dexter called his mother Jess Jagoditish who immediately responded to the scene. Zandman stated that he exchanged information with Jess Jagoditish who then took Dexter home. Zandman states that a witness Mia Martin was also on scene.

(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 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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

12/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

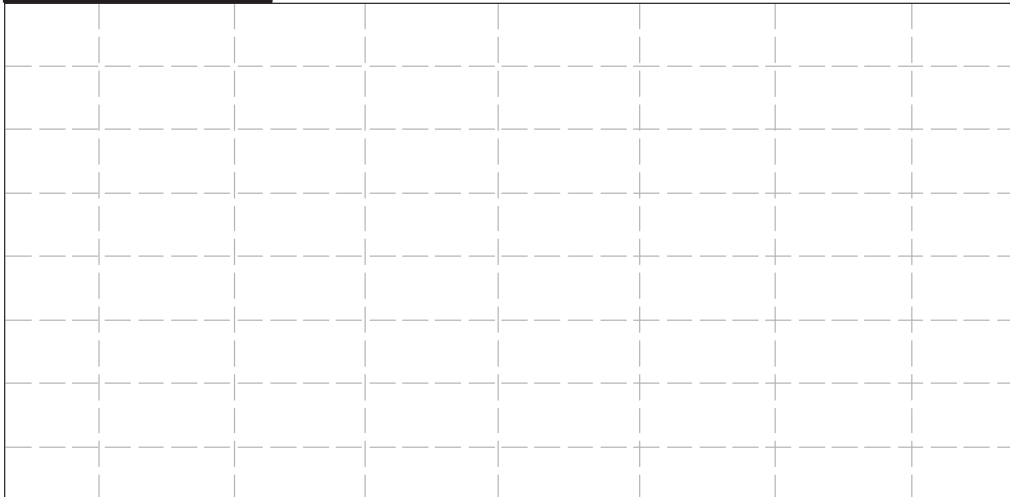




→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    → Pedestrian



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**Crash Narrative:**

respond to the scene. Pictures were also not taken of the crash scene. At this time this report is for documentation purposes. After speaking with all the parties involved it appears that the crash was caused by Pedestrian 1 entering the roadway in a manner which gave Vehicle 1 little or no time to react.

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