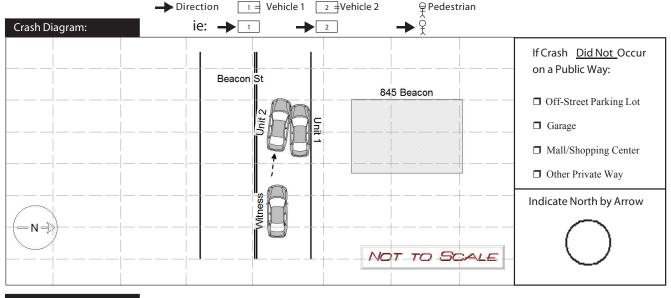
Feet   N   S   E   W   of   Mile Marker   or   Exit Number		Poli	ce Use Only		Common	wealth	of Massa	achus	setts			RMV	Docum	ient Number	
AT INTERSECTION:  AT INTERSECTION:  AT INTERSECTION:  Summer of Read-oxy-Street  Routed Direction  Name of Read-oxy-Street  Also at Intersecting Road-oxy-Street  Peet N S E W of Road-oxy-Street  Routed Direction  Name of Road-oxy-Street  Also at Intersecting Road-oxy-Street  Road-oxy-Street  Also at Intersecting Road-oxy-Street  Peet N S E W of Road-oxy-Street  Road-oxy-Stre					vn Mo	otor Ve	hicle Cra	$sh \begin{bmatrix} N \\ V \end{bmatrix}$						State Police Local Police	N X
Souted Direction   Name of Roadway/Street   Roadway   Street   Roadw		12/10/2020		NEWION		<b>Police</b>	Report							Other:	
Routes   Direction   Name of Roudway/Street   Routes   Direction   Address   Name of Roudway/Street   Peed   N   Name of Roudway/Street   Routes   Direction   Name of Intersecting Roudway/Street   Peed   N   Name of Roudway/Street   Routes   Direction   Name of Intersecting Roudway/Street   Peed   N   Name of Roudway/Street   Routes   Direction   Name of Intersecting Roudway/Street   Routes   Direction   Name of Intersecting Roudway/Street   Peed   N   N   N   N   N   N   N   N   N			AT INTER	SECTION:	<	LOCA	ATION	>		NOT	AT 1	INTE	RSEC	CTION:	
Fow   Name of Intersecting Roadway/Street   Fow   Name of Inters							WEST	845		BEACO	N ST				⊢
For   NS   E   W   of   Mile Murker   Or   Exist Number	1 <b>1</b>	Route# Direc	tion	Name of	Roadway/Street										
Route   Direction   Name of Intersecting Roadway-Street   Feet   N   S   W   of   Routed   Intersecting Roadway-Street   Feet   N   S   W   of   Routed   Intersecting Roadway-Street   Intersection Roadway-Street		At					Feet NSEW of • or								
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Diversion   Case Number   Diversion   Di	2						Feet [	N S E W	of						
		Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark							
Sex_   Lie. Class   18   18   Lie. Restrictions   19   CDL   Endorment   End	3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	2000	0000741						
Sex_   Lie. Class   18   18   Lie. Restrictions   19   CDL   Endorment   End		License#		St	DOB/Age	Reg	# 2BAK94			Reg Ty	ne PAN	1	Reg S	State MA	
Operator    City			18 18	8	19				<sub>Aake</sub> HC					20	
Address 4 Location 16 Location 17 Wehicle 2 1 # Occupants Involved New License # See Above  1 Please SelectOne	ļ			_	Endorsme	ent							ven con		┢
City	1					Add	ress 4 LORRAIN	E RD		First			Middle		- L
Insurance Company AMICA MUTUAL  Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 222 22 22 22 23 3 4 10 Undercarriage Citation # (If Issued)  Violation I: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name Clast First Middle: Operator Sea Above  Please Select One of the Following: Non-Motorist A Type Address  License # St MA DOB/Age Reg # 3910ZR Reg Type PAN Reg State MA  Sex M Lie: Class D 18 18 Lie: Restrictions 1 19 CDL Veh Year 2016 Veh Make LEXUS  Operator BROWN MARK Endorsment Company PROGRESSIVE DIRECT  Operator BROWN State MA Zip 02026  City DEDHAM State MA Zip 02026  City DEDHAM State MA Zip 02026  City DEDHAM State MA Zip 02026  Citation # (If Issued) Total First Middle Companing Progressive Direct Company Progressive Direct C												State	MA 7	ip 02081	_
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Violation 3: Ch   Sec   Violation 4: Ch   Sec   Underride/Override   25   Towed   Non-Motorist					2: Ch Sec		l	_	24	24	←	<b>9</b>		5 11 Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  AgeDOB Sec   Proc. System   Status Switch   Code   Code   Status   Code   Medical Facility    Please Select One of the Following:    Please Select One of the Following:   Please	1				7 6										
Operator  See Above  Non-Motorist A Type  14 Action  15 Location  16 Condition  17 Whit/Run  Moped  License # St MA DOB/Age Reg # 3910ZR Reg Type PAN Reg State MA  Sex M Lic. Class  18 18 Lic. Restrictions  19 OLL  Cendorsment  Last  First  Middle  Owner (Same as operator)  Owner (Same as operator)  Owner (Same as operator)  Vehicle Action Prior to Crash  Insurance Company PROGRESSIVE DIRECT  Vehicle Travel Direction:  N S E Responding to Emergency? N  Citation # (If Issued) T0115919  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB Sec Violation 4: Ch Sec Code Medical Facility  Address  Age/DOB Sec Violation 1: Code Medical Facility  North Harmful Event  22 1 Towed N  8 7 6  Vehicial First Middle  10 Undercarriage  5 11 Totaled  10 Undercarriage  11 Totaled  10 Undercarriage  11 Totaled  12 23 24 24 24 25 25 27 128 179 181 32 33 181 32 33 181 32 33 181 32 33 181 32 33 34 181 32 34 34 181 32 34 34 181 3						2 Seat			30 Fiect	31 Tran I	32 Fran	33			
Please Select One of the Following:    Non-Motorist A Type			st Middle)					Sex Pos.		Status Swite	h Code	Code S	Status Coc	de Medical Facil	lity
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Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	1			2 1 # Occupants	Non-Motorist	t A Type		Location	on 1	Condi	tion	17	X Hit,	/Run Mor	ped
Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2016 Veh Make LEXUS Veh Config. 1  Operator BROWN MARK C Endorsment  Address 114 MONROE ST  City DEDHAM State MA Zip 02026 City State Zip  Insurance Company PROGRESSIVE DIRECT  Vehicle Travel Direction: N S E Responding to Emergency? N  Citation # (If Issued) T0115919  Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Veh Year 2016 Veh Make LEXUS Veh Config. 1  Owner (Same as operator)  Owner (Same as operator)  City DEDHAM  State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22		License#	10 10			- Reg	# 3910ZR			_Reg Ty	pe_PAN	1	Reg S	State MA	_
Operator BROWN MARK C Owner (Same as operator)  Address 114 MONROE ST  City DEDHAM State MA Zip 02026 City State Zip  Insurance Company PROGRESSIVE DIRECT  Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 21 20 10 Undercarriage  Citation # (If Issued) T0115919  Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Driver Contributing Code 9 24 24		Sex_M Lic.	Class D 18 18		CDL		Year_2016	Veh N	Make_LE	XUS			Veh Con		
Address 114 MONROE ST  City DEDHAM  State MA Zip 02026  City  Insurance Company PROGRESSIVE DIRECT  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E Responding to Emergency? N  Citation # (If Issued) T0115919  Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Address  Address  City  State Zip  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22	1		Last		C	Own	er (Same as ope	rator)		First			Middle		_
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Vehicle Travel Direction: N S E Responding to Emergency? N Event Sequence 2 22 22 22 22 22 22 22 21 1 10 Undercarriage 5 11 Totaled  Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Driver Contributing Code 9 24 24 24		City DEDHAL	M	Sta	te_MAZip_02026_	City						_State_	Z	Zip	_
Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 2		Insurance Com	pany PROGRES	SIVE DIRECT		Vehi	icle Action Prior to	o Crash	99 21	D	amaged	l Area (	Code: (C	Circle Up to Thi	ree)
Citation # (If Issued) 10113919  Most Harmful Event 2  Violation 1: Ch 19/75 Sec Violation 2: Ch Sec Driver Contributing Code 9 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex System Status Switch Code Status Code Medical Facility		Vehicle Travel	Direction: N	? <u>N</u> Ever	nt Sequence 2		22	22 2		3					
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code		Citation # (If I	ssued)_T0115919			Mos	t Harmful Event	23		1	<b>←</b>	9	/		riage
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Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violatio	n 3: ChSe	ecViolation	4: ChSec	Und	erride/Override			N		7			
				operator and all			Age/DOB		6 27 t Safety s. System	28 Airbag Airba	g Eject	Trap I	njury [Fran	nsp.	ility
													+		$\blacksquare$



## Crash Narrative:

no further description.

Witness Kaitlyn Coker stated she was travelling on Beacon St W/B directly behind a white sedan bearing MA reg
3910ZR(#2). Coker stated this vehicle while appearing to pull over to the right in an attempt to park,
struck an unoccupied parked MV MA reg 2BAK94 (#1) in front of 845 Beacon on the driver's side front.

After witnessing this Coker pulled over in front of the white sedan at which time the white sedan sped off
leaving the area. Coker stated the white sedan operator appeared to be a white female with curly brown hair,

Query of 3910ZR comes back registered to a white Lexus sedan owned by Mark C. Brown of 114 Monroe St Dedham MA 02026. An attempt to find a phone listing for this vehicle was negative.

I left a note on windshield of #1 with witness and other vehicle insurance company listing.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
COKER, KAITLYN,		575 WATERTO NEWTON,MA					N
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:  Carrier Name	Registration#		(From Vehi	cle Section)	Carrier	Issuing Authority Cod	35 de
Address			City		St	Zip	
US DOT #:		38	_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	30				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr		59	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #	Release code	42

→	Direction 1 :	Vehicle 1 2	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
	_					☐ Off-Street Parking	g Lot
						☐ Garage	
	i i	İ		į		☐ Mall/Shopping Ce	enter
						☐ Other Private Way	
					- — — <b>-</b>	Indicate North by A	
	- —   — —						
						$\bigcup$	
Crash Narrative:							
#2 would have damage on the	e passenger sid	le with grey p	paint from #1.				
Traffic Bureau Update (Off	icer Gaudet):	On Friday, De	ecember 18, 202	20 I spo	ke with t	ne owner of MV2,	
Mark Brown (\$38802538). M							
Beacon Street at the time							. Brown
stated when he was pulling	into the spot	he decided he	e didn $\square$ t have e	enough t	ime to do	his shopping and	left
the area. Mr. Brown state	ed he did not k	now he was	involved in cra	ash. Mr	. Brown s	tated when he got	home he
saw a scratch on his passer	nger side but d	lid not call	the police beca	ause he	thought i	nsurance would har	ndle it.
Mr. Brown will be mailed	Massachusetts	Uniform Cita	tion T0115919	for Newt	on City O	rdincance Chapter	19,
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			25
Carrier Name					Ca	rrier Issuing Authority Cod	e 35
Address			City		S	t Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38			Г	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:	<b>A1</b>						42
Placard Material 1 digit #	Material Na	ame		Material 4	digit #	Release code	42
ADAM D GABRIEL		25117	NEWTON	POLICE DEPARTM		12/16/20	020
Police Officer Name (Please Print)	Signature	]	ID/Badge # Depa	ırtment	Preci	nct/Barracks Date	;

•	Direction 1	ı	2 #Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	<b>→</b>	2	<b>₽</b> Ŷ		
Crash Diagram:	ie: →			▶Ŷ.            	If Cranon a F	Sch Did Not Occur Public Way:  f-Street Parking Lot  prage  all/Shopping Center  ther Private Way  te North by Arrow
Section 75 (Failure to Us	a Camal Bassan	Stroot is a	nublic way		hu the City of	Novton
Section 75 (railule to os	se care). Beacon	Street is a	public way i	main cained	by the city of	New Coll.
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property
Truck and Bus Information:						
			(From V	ehicle Section)	Coming Institu	- Authority Code
Carrier Name						g Authority Code
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trs	ailer Length	
Hazmat Information:			1.05 1 0.01	110		
Placard 40 Material 1 digi	f # 41 Matarial N	Jame		Matarial A	ligit # 1	Release code 42
i iacara i iviateriai i digi	iviaterial P	10111C		1414151141 4 (	<u></u>	icercase code
ADAM D GABRIEL		25117	7 NEV	VTON POLICE DEPARTM		12/16/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)