

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/21/2020		Time of Crash 15:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>2</div> <div>SOUTH 13 FAXON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div> <div>10</div>								2	
												11	
												3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000760					
License # --- St MA DOB/Age ---				Reg # 11XF72		Reg Type PAN		Reg State MA					12
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016		Veh Make TOYOTA		Veh Config. 2 20					
Operator LERMAN ZACHARY				Owner (Same as operator)		First Middle							
Address 1488 BEACON ST (apt. 4)				Address		First Middle							
City BROOKLINE State MA Zip 02446				City		State Zip							
Insurance Company PROGRESSIVE DIRECT INSURANCE				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 2 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____				Reg # 249RF7		Reg Type PAN		Reg State MA					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2015		Veh Make NISSAN		Veh Config. 1 20					
Operator _____				Owner POWELL DAVID		First Middle							
Address _____				Address 11 (apt. 3) FAXON ST		First Middle							
City _____ State _____ Zip _____				City NEWTON		State MA Zip 02460							
Insurance Company GEICO INSURANCE				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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/Non-Motorist				See Above		-----		---		-----			

Crash Narrative:

Operator of MV1 stated while traveling south on Faxon Street and approaching his residence, 13 Faxon Street, he struck MV2 while pulling into his driveway. MV2 was unoccupied at the time of the accident. MV1 had minor scratch on the rear bumper. MV2 had minor damage to the front driver side bumper along with the front bumper. The license plate mount was also damaged on MV2.

Operator of MV1 was not injured.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

SEAN STAKE			NEWTON POLICE DEPART		12/21/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					