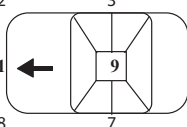
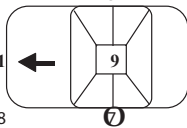
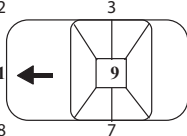
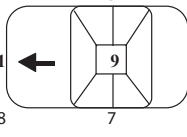


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 01/10/2021		Time of Crash 12:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ 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:																																																																						
<div>14</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>29</div> <div>NORTH 410 LANGLEY RD</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>210</div> <div>Vehicle 1 0 #Occupants</div> <div>Hit/Run</div> <div>Moped</div> <div>Case Number 2100000017</div>																																																																						
						<div>41</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____ Last _____ First _____ Middle _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company _____</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																						
						<div>12</div> <div>Reg # UNK Reg Type UNK Reg State XX</div> <div>Veh Year UNK Veh Make UNKNOWN Veh Config. 97 20</div> <div>Owner _____ Last _____ First _____ Middle _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22 2 3 4</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 99 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 11 Totaled</div>																																																																						
<div>13</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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	-----	---	---																																															
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	-----	---	---																																																																								
<div>71</div> <div>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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																												
<div>81</div> <div>License # _____ St _____ DOB/Age _____</div> <div>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____</div> <div>Operator _____ Last _____ First _____ Middle _____</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Insurance Company SAFETY INS</div> <div>Vehicle Travel Direction: X S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>																																																																												
<div>40HM01</div> <div>Reg # 40HM01 Reg Type PAN Reg State MA</div> <div>Veh Year 2016 Veh Make VOLK Veh Config. 1 20</div> <div>Owner HAYTAYAN ANDREW</div> <div>Address 29 JUNIPER HILL RD</div> <div>City WALTHAM State MA Zip 02452</div> <div>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2 3 4</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div></div> <div>10 Undercarriage 11 Totaled</div>																																																																												
<div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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	-----	---	---																																															
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	-----	---	---																																																																								

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number																																																																
Date of Crash	Time of Crash 24HR	City/Town	Number Vehicles	Number Injured	Speed Limit Latitude Longitude	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>																																																																	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																																																																
<div>1</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>2</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>9</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>10</div> <div>Feet <div>N S E W</div> of Mile Marker Exit Number</div> <div>11</div> <div>Feet <div>N S E W</div> of Route# Intersecting Roadway/Street</div> <div>Landmark</div>																																																																				
<div>3</div> <div><input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																							
<div>4</div> <div>License # St DOB/Age Sex Lic. Class <div>18 18</div> Lic. Restrictions <div>19</div> CDL Endorsment</div> <div>Operator Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div>			<div>12</div> <div>Reg # Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. <div>20</div></div> <div>Owner Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash <div>21</div> Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence <div>22 22 22 22</div> 2 3 4</div> <div>Most Harmful Event <div>23</div> 10 Undercarriage</div> <div>Driver Contributing Code <div>24 24</div> 5 11 Totaled</div> <div>Underride/Override <div>25</div> Towed</div> <div></div>																																																																				
<div>5</div> <div>Vehicle Travel Direction: <div>N S E W</div> Responding to Emergency? <input type="checkbox"/></div> <div>6</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch Sec Violation 2: Ch Sec</div> <div>Violation 3: Ch Sec Violation 4: Ch Sec</div>																																																																							
<div>7</div> <div>Please fill out for operator and all occupants involved</div> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			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	-----	---	---																																																			
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	-----	---	---																																																																			
<div>8</div> <div>Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <div>14 97</div> Action <div>15 97</div> Location <div>16 5</div> Condition <div>17 1</div> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																							
<div>8</div> <div>License # St DOB/Age Sex F Lic. Class <div>18 18</div> Lic. Restrictions <div>19</div> CDL Endorsment</div> <div>Operator MALLAKIS TIFFANY</div> <div>Address 410 LANGLEY RD (apt. 307)</div> <div>City NEWTON State MA Zip</div> <div>Insurance Company</div>			<div>12</div> <div>Reg # Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. <div>20</div></div> <div>Owner Last First Middle</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash <div>21</div> Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence <div>22 22 22 22</div> 2 3 4</div> <div>Most Harmful Event <div>23</div> 10 Undercarriage</div> <div>Driver Contributing Code <div>24 24</div> 5 11 Totaled</div> <div>Underride/Override <div>25</div> Towed</div> <div></div>																																																																				
<div>8</div> <div>Please fill out for operator and all occupants involved</div> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td>10</td><td>1</td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			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	1																																												
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	1																																																												

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

410 Langley Rd

Unit 2

Unit 1

← N →

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:

Andrew Haytayan states that he parked his vehicle Ma Reg 40HM01 in front of 410 Langley Rd at approx 1730 hrs on 1/9/2021/ Andrew then went into the address to visit his friend Tiffany Mallakis. Andrew exited the residence at approx 1900 hrs and noticed someone had struck the right side of his vehicle. At this point no witnesses. Tiffany emailed the property management company to see if there is any video surveillance of the area. Tiffany was advised to update NPD when the management company gets back to her.

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

Address _____ City _____ St _____ Zip _____

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

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

STEPHEN T COTTENS NEWTON POLICE DEPART 01/10/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00