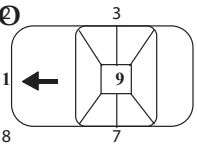
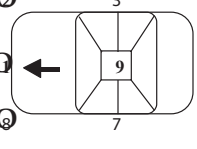


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/21/2021	Time of Crash 14:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____							WILLOW Route# _____ Direction _____ Name of Roadway/Street _____ Landmark _____	
Vehicle 1 <input checked="" type="checkbox"/> #Occupants _____			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000033		
License # _____ St <u>FL</u> DOB/Age _____			Reg # <u>QDYH79</u> Reg Type <u>PAS</u> Reg State <u>FL</u>			Veh Year <u>2021</u> Veh Make <u>MERZ</u> Veh Config. <u>2</u>			Operator <u>SHAPIRO</u> <u>MARINA</u> Last First Middle		
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2021</u> Veh Make <u>MERZ</u> Veh Config. <u>2</u>			Owner <u>(Same as operator)</u> Last First Middle			Address _____		
City <u>SUNNY ISLES BEACH</u> State <u>FL</u> Zip <u>33160</u>			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company <u>PROGRESSIVE</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u>			Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>N</u>					
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			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			---			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>56BZ30</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2015</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u>			Operator <u>SCHOEN</u> <u>JULIE KANE</u> Last First Middle		
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2015</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u>			Owner <u>SCHOEN</u> <u>LAWRENCE</u> <u>A</u> Last First Middle			Address <u>143 CYNTHIA RD</u>		
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company <u>LIBERTY</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>3</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> <u>N</u> <u>S</u> <u>E</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u>			Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>Y</u>					
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			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			---			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Willow St

Centre St

Unit 1

Unit 2

Witness

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:

Operator of vehicle 1 stated she was traveling northbound on Centre St when vehicle 2 suddenly pulled out from Willow St attempting to turn left (southbound) onto Centre St striking her vehicle.

Operator of vehicle 2 stated she was stopped on Willow St stopped at the stop sign. Operator 2 stated she saw vehicle 1 coming northbound on Centre but felt she had enough time to pull out. She then pulled out of Willow St and struck vehicle 1.

Witness was in her vehicle behind vehicle 2 on Centre St. Witness stated she saw vehicle 1 traveling northbound on Centre and she did not appear to be traveling in excess speed or in an erratic manner. Witness said she saw vehicle 2 pull out quickly from the stop sign and strike vehicle 1.

Neither operator reported any injuries. Vehicle 1 had minor damage and vehicle two had to be towed from the

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
HENDERSON, THERESE,	69 FREMONT ST ARLINGTON, MA 02474	-----	N

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

MICHAEL ANTHONY IAROSSI NEWTON POLICE DEPTA 01/21/2021

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

CDP1 11 -24:00

Crash Narrative:

scene by AAA.

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

MICHAEL ANTHONY IAROSSI			NEWTON POLICE DEPT#73		01/21/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					