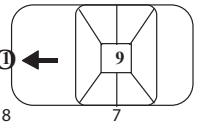
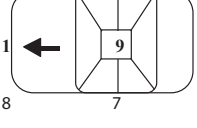


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/06/2021	Time of Crash 23:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>5</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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 200 BOYLSTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000086		
License # _____ St _____ DOB/Age _____			Reg # 21JP22			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2011			Veh Make HONDA			Veh Config. <u>2</u> <u>20</u>		
Operator DAY ALVIN Last First Middle			Owner STOLLER GREGORY L Last First Middle			Address 6 KENNEY ST			City NEEDHAM State MA Zip 02492		
Address 115 ITASCA ST			City MATTAPAN State MA Zip 02126			Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>23</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>10</u> <u>24</u> <u>24</u>		
Citation # (If Issued) T2012864			Underride/Override <u>25</u>			Towed <u>Y</u>					
Violation 1: Ch <u>90/104</u> Sec _____ Violation 2: Ch <u>90/24C</u> Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage			11 Totaled		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			---		---		27 Safety System	
STOLLER, EMILY			6 KENNEY ST NEEDHAM, MA 02492			---		F		28 Airbag Status	
KAKOOZA, ALEX			52 LINDEN ST NEWTON, MA 02464			---		M		29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input type="checkbox"/> Vehicle #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										23	
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____			Veh Make _____			Veh Config. <u>20</u>		
Operator _____ Last First Middle			Owner _____ Last First Middle			Address _____			City _____ State _____ Zip _____		
Address _____			City _____ State _____ Zip _____			Insurance Company _____			Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>24</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u>			Towed _____					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage			11 Totaled		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			---		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Unit 1

Light Pole

Unit 1

200 Boylston Street

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 MV1, Emily Stoller, states she was operating MV1 in the parking lot at 200 Boylston Street when her friend, Alvin Day, asked her if he could drive MV1, which she gave him permission to do and was under the impression Mr. Day had a valid driver's license. It should be noted this area is regularly used to get to commercial businesses and has the right of access to the public. Ms. Stoller states Mr. Day was only driving about 15mph when he lost control of the vehicle and crashed head on into a light pole. MV1 sustained heavy front end damage and was towed from the scene by Tody's towing.

Mr. Day states he does not have a valid driver's license and asked Ms. Stoller if he could drive MV1. Mr. Day states he was "goofing off" driving around the parking lot at approximately 15mph when he "cut the steering wheel too much", lost control of the vehicle and crashed MV1 head on into the light pole causing the

(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

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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

02/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

driver's side airbag to deploy. Mr. Day states he lost consciousness for a brief moment where he was assisted out of the vehicle by the rear passenger, Alex Kakooza. Mr. Day was evaluated by the medics and transported to Children's Hospital.

Ms. Stoller and Mr. Kakooza were also evaluated by the medics where they obtained patient refusals. All three juveniles had an adult family member respond to the scene. Ms. Stoller's father, Gregory Stoller, Mr. Day's mother, Quonekuia Day and Mr. Kakooza's sister, Latifah Kakooza.

Professional electrical contractors responded for the damaged light pole and mall security will be notifying the property owner.

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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

02/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date