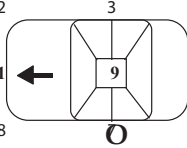
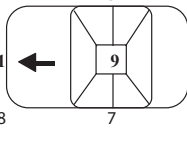


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 02/07/2021		Time of Crash 14:04 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				1946 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____								5			
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000087						3			
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator NAMBU AYA Address 1942 WASHINGTON ST (apt. 426) City NEWTON State MA Zip 02466 Insurance Company METROPOLITAN				Reg # 2FE295 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYT Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								12			
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13			
Please fill out for operator and all occupants involved												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		See Above		-----		---	---	1	4	4	0	0	10	1	
KADOKI, MOTOHIKO		1942 WASHINGTON ST (apt 426) NEWTON, MA 02466		-----		M	3	1	4	4	0	0	10	1	
NAMBU, TAKANORI		1942 WASHINGTON ST (apt 426) NEWTON, MA 02466		-----			6	4	4	4	0	0	10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												13			
License # _____ St CA DOB/Age _____ Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator MOREIRA DERSILEI J Address 2110 ARTESIA BLVD (apt. 243) City REDONDO BEACH State CA Zip 90278 Insurance Company ALLSTATE				Reg # 6FV478 Reg Type CON Reg State MA Veh Year 2015 Veh Make GMC Veh Config. 2 20 Owner QUEIROZ RONDINEY Address 94 RIVER ST City PEPPERELL State MA Zip 01463 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y								1			
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13			
Please fill out for operator and all occupants involved												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		-----		---	---	1	4	4	0	0	10	1	
OLIVEIRA, RODOLFO		94 RIVER ST PEPPERELL, MA 01463		-----		M	3	99	4	4	0	0	10	1	
TELARORI, PATRICK		94 RIVER ST PEPPERELL, MA 01463		-----		M	6	1	4	4			10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Entrance/Exit to #1942 Washington 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:

The operator of MV#1 stated that she was attempting to exit #1946 Washington St. and that her MV was stopped at the red light to enter Washington St when her MV was struck by MV#2.

MV#2 was traveling east on Washington St and attempting to turn right into #1946 Washington St when his MV began to slide on the new snow on the roadway and struck MV#1.

No injuries, no tows.

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