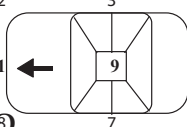
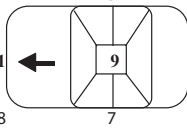


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/30/2021		Time of Crash 09:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				SOUTH 612 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ PARKING LOT OF TEDESCHI'S Landmark _____								10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11			
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000215			3		
License # _____ St MA DOB/Age _____				Reg # 9TM745				Reg Type PAN		Reg State MA			12		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2018				Veh Make MITSUBISHI		Veh Config. 2 20					
Operator FINKLEA DANIELLE Last First Middle				Owner (Same as operator) Last First Middle										1	
Address 72 COLONELS DR (apt. 32)				Address _____											
City WEYMOUTH State MA Zip 02189				City _____ State _____ Zip _____											
Insurance Company METROPOLITAN PROPERTY & CASUALTY INSUR				Vehicle Action Prior to Crash 97 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 5 11 Totaled							
Citation # (If Issued) _____				Most Harmful Event 2 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 97 24											
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				2			
Operator See Above				-----				1 4 99 0 0 10 1							
FINKLEA, DASHAWN 132 NORTH ST (apt 3) NEWTON, MA 02460				M 3 1 4 99 0 0 10 1											
7				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		14	
				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped									
License # _____ St _____ DOB/Age _____				Reg # M87258				Reg Type MVN		Reg State MA					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2014				Veh Make FORD		Veh Config. 2 20					
Operator _____ Last First Middle				Owner CITY OF NEWTON DPW Last First Middle											
Address _____				Address 60 ELLIOT ST											
City _____ State _____ Zip _____				City NEWTON State MA Zip 02458											
Insurance Company SELF INSURED				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 2 22 22 22 22				2 3 4 10 Undercarriage 5 11 Totaled							
Citation # (If Issued) _____				Most Harmful Event 2 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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:



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:

same side.

The other vehicle (M/V # 2) was a 2014 Ford F350 pickup bearing MA Official Reg.# M87258 which is owned by the City of Newton Department of Public Works. At the time, the F350 was parked in a parking spot in front of the store unoccupied. The operator, Robert Mazzarella, stated he saw the F350 shake as it had been struck so he walked over to the other operator involved.

No injuries reported.

Ofc. Marini took digital photos of the scene and submitted them to the I.T. Bureau.

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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

03/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date