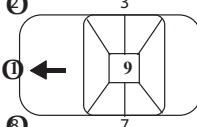
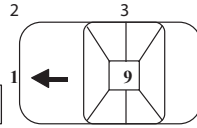


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/20/2021	Time of Crash 11:14 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	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: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 31 WILLOW 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 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000274			
License # _____ St MA DOB/Age _____			Reg # 61HV32		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2007		Veh Make TOYT		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator MCGOVERN KEVIN Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 51 FARWELL ST (apt. 1)			Address _____		First Middle		City _____ State MA Zip 02453			
City WWALTHAM State MA Zip 02453			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company COMMERCE			Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 23					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed Y		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			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		-----		1 4 4 0 0 10 1			
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants		<input type="checkbox"/> Non-Motorist A Type		<input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20			
Operator _____ Last First Middle			Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____			
Address _____			Address _____		City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 21			
City _____ State _____ Zip _____			City _____ State _____ Zip _____		Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Damaged Area Code: (Circle Up to Three)			
Insurance Company _____			Most Harmful Event <input type="checkbox"/> 23		Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <input type="checkbox"/> 25 Towed _____		10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____			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		-----		1 4 4 0 0 10 1			

→ 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:**

Operator of vehicle 1 states he was driving from Sumner St onto Willow St and hit his brake to slow down when his vehicle suddenly accelerated. He then states he tried to hit the brake again but nothing worked. Operator was able to direct his vehicle into the Fire Station parking lot where he struck the building. It appears the operator hit the gas pedal instead of the brake which startled him. Operator was cleared by medics on scene and vehicle 1 was towed by Todys. Officer Wilson took digital images of the scene.

**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

**MICHAEL ANTHONY IAROSS**      NEWTON POLICE DEPART      04/20/2021

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

CDP1 11 -24:00