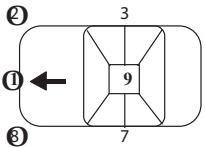
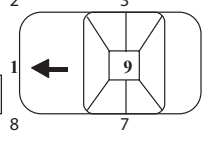


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/01/2021	Time of Crash 14:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				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: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 1280 CENTRE 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000481		
License # _____ St MA DOB/Age _____			Reg # 271RM5			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsment _____			Veh Year 2018			Veh Make MERZ			Veh Config. <u>1</u> <u>20</u>		
Operator GREENBERG NORMA M Last First Middle			Owner GREENBERG MARK Last First Middle								
Address 49 PIERREPONT RD			Address 49 PIERREPONT								
City NEWTON State MA Zip 02462			City NEWTON State MA Zip 02460								
Insurance Company UNITED SERVICES AUTO ASSOC			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>30</u> <u>22</u> <u>35</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <u>35</u> <u>23</u>								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>								
Please fill out for operator and all occupants involved										13 30	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		1 4 4	
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants										<input checked="" type="checkbox"/> Non-Motorist A Type <u>14</u> <u>97</u>	
Action <u>97</u> Location <u>99</u> Condition <u>1</u> <u>17</u>										<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex F Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Endorsment _____			Veh Year _____			Veh Make _____			Veh Config. <u>20</u>		
Operator ZUSSMAN JODIE Last First Middle			Owner _____ Last First Middle								
Address 93 UNION ST (apt. 315)			Address _____								
City NEWTON State MA Zip _____			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>						10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <u>23</u>								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____								
Please fill out for operator and all occupants involved										13 30	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

On Thursday July 01, 2021 at 1413 hours while on patrol in N496 I responded to 1280 Centre St for a report of a motor vehicle that had crashed into the front stairs of the building. On arrival I saw vehicle 1 (MA reg#271RM5) half way up the front concrete steps of the building and wedged on an iron fence. The operator was identified as Norma Greenberg and she was already out of the vehicle and stated she was uninjured. Greenberg stated she was in her vehicle parked in a parking spot attempting to pull out and her vehicle would not go forward. Greenberg stated she kept hitting the gas when the vehicle suddenly took off and went up the stairs. Greenberg reported no prior mechanical defects with the vehicle. It appears she was in neutral and then tapped it into drive as she pressed the accelerator. Newton Fire had to use a saw to take apart the iron railing due to it being wedged into the vehicle. The vehicle was towed from the scene by

(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

MICHAEL ANTHONY IAROSSI NEWTON POLICE DEPARTM 07/01/2021

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

42

CDP1 11 -24:00