

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/15/2021	Time of Crash 09:00 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 12 ROCKLAND ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street _____				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000511		
License # --- St MA DOB/Age ---			Reg # 3DCN99 Reg Type PAN Reg State MA			Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make NISSAN Veh Config. 1 20		
Operator POWER WILLIAM			Owner FOUGERE BERNICE			Address 12 ROCKLAND ST			Address 12 ROCKLAND ST		
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458			Insurance Company AMICA			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 20 22 22 22 22			Citation # (If Issued) 069847AB			Most Harmful Event 10 23		
Violation 1: Ch 90/24 Sec Violation 2: Ch 90/10 Sec			Driver Contributing Code 10 24 7 24			Violation 3: Ch 90/24 Sec Violation 4: Ch 90/24 Sec			Underride/Override 25 Towed Y		
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			Operator See Above		
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address ---			Address ---		
City --- State --- Zip ---			City --- State --- Zip ---			Insurance Company ---			Vehicle Action Prior to Crash 21 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 22 22 22 22 22			Citation # (If Issued) ---			Most Harmful Event 23		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 24 24			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed ---		
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			Operator/Non-Motorist See Above		

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/15/2021	Time of Crash 09:00 24HR	City/Town NEWTON	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: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9				
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 _____ • _____ or _____ Mile Marker Exit Number				10				
2 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11				
3			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000511		
License # --- St MA DOB/Age ---			Reg # 3DCN99 Reg Type PAN Reg State MA								
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013 Veh Make NISSAN Veh Config. 1 20								
4 Operator POWER WILLIAM			Owner _____						12		
Address 12 ROCKLAND ST			Address _____								
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____								
Insurance Company AMICA			Vehicle Action Prior to Crash 99 21			Damaged Area Code: (Circle Up to Three)					
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 20 22 22 22 22			Event Sequence 20 22 22 22 22					
Citation # (If Issued) 069847AB			Most Harmful Event 10 23			Most Harmful Event 10 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 10 24 7 24			Driver Contributing Code 10 24 7 24					
6 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y					
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						13		
Operator			See Above								
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____								
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20								
8 Operator _____			Owner _____								
Address _____			Address _____								
City _____ State _____ Zip _____			City _____ State _____ Zip _____								
Insurance Company _____			Vehicle Action Prior to Crash 21			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 22 22 22 22 22			Event Sequence 22 22 22 22 22					
Citation # (If Issued) _____			Most Harmful Event 23			Most Harmful Event 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Driver Contributing Code 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			Underride/Override 25 Towed _____					
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:

12 ROCKLAND STREET

ROCKLAND STREET

Unit 1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

On Thursday 7/15/21 at approximately 0900hrs I was dispatched to 12 Rockland Street for the report of a motor vehicle with heavy damage resting in the middle of the street. Upon arrival I observed a brown Nissan Altima unoccupied not running in the middle of street. Heavy front end damage on the passenger side along with two flat tires on the passenger side. There was no operator on scene but the car was registered to 12 Rockland Street. It should be noted that Rockland Street is a public way located in the City of Newton.

I spoke to the reporting party Barry Cocuzzo who lives at 18 Rockland Street. Mr. Cocuzzo stated he witnessed William Power operating the Nissan and turn onto Rockland Street. Mr. Cocuzzo observed Power drive into his driveway with the two flat tires and heavy front end damage. When Power exited the vehicle Cocuzzo yelled over to him but stated Power's was unable to communicate clearly to him. Cocuzzo observed Power's walk into

(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

MARK D HAGOPIAN

NEWTON POLICE DEPT.

07/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

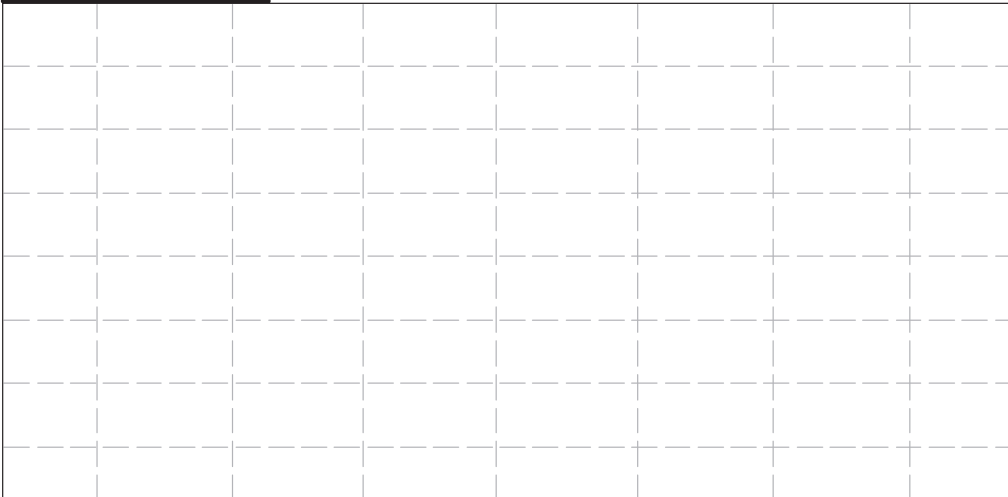
Precinct/Barracks

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:

Property Damage, 90/24/J OUI Liquor and 90/24/P Use MV Without Authority. 5 photos were taken of the motor vehicle.

It should be noted that the original location of the crash and the object that was struck are unknown to us at this time. Dispatch was also able to confirm that Power's did not have an active license at this time.

Power's mother Bernice Fougere who is the owner of the vehicle stated to me that Power's did not have permission to use her vehicle.

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

MARK D HAGOPIAN

NEWTON POLICE DEPT.

07/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date