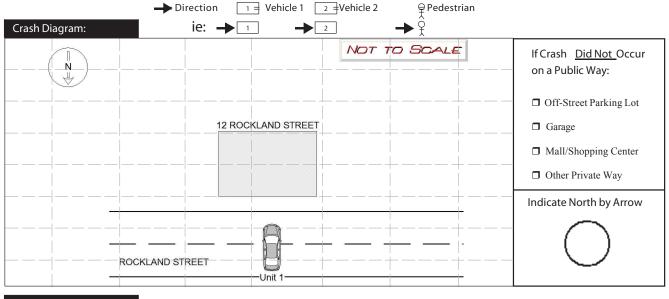
	Pol	ice Use Only		Com monweal	lth o	f Mass	achı	usetts	5		RMV	/ Docum	ient Number	
	Date of Crash 07/15/2021	Time of Crash 09:00 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		OCAT		>	_					CTION:	
						NORTH	н 12		ROCK	LAND	ST			
	Route# Direc	tion	Name of Ro	padway/Street	F	Route# Direction	on A	ddress #		Na	ime of R	oadway/S	Street	
			Feet NSEW of or Exit Number								-			
	Route# Direc	etion 1	Name of Intersecting I Also at Intersec		—[Feet	N S E	W of						
L						Feet	N S E	W of	Route	#	Intersec	ting Road	way/Street	1
L	Route# Direc	tion	Landmark									_		
	XVehicle1	_1_#Occupants	Hit/Run	Moped Case N	lumber		2	100000511	L					
	License#		St MA	DOB/Age	Reg#_3	BDCN99			Reg T	ype_PA	N	Reg S	State MA	_
	Sex_M_ Lic.	Class 99 18	Lic. Restrictions	19 CDLEndorsment	Veh Ye	ar_2013	Ve	h Make_N	ISSAN			Veh Con	nfig. 20	
1	Operator PO		WILLIAM	Middle		FOUGERE	st	BERN	ICE First			Middle		- :
_		OCKLAND ST				S 12 ROCKLA	ND ST					3.5.4		-
	City NEWTO		State	MA Zip 02458	City NEWTON State MA Zip 02458								-	
	Insurance Com	Direction: X	S F W Doomon	ding to Emergency? N	Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 22 22 22 20 40 40 40 40 40 40 40 40 40 40 40 40 40									
2		ssued) 069847A		ding to Emergency:									riage	
	,		ec Violation 2:	Ch_ 90/10/A_sec		Contributing C		10 24	7 24	—	9		5 11 Totaled	
1	Violation	3: Ch90/24/Se	Ch90/24/J_Sec	Underr	ide/Override	25	Towe	ed Y		7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33							ity	
	Operator			See Above				99		9 0	0	99 2	NWH	
1	Please Select (of the Followi	/ehicle	e# Occupants	Non-Motorist A Type	14	4 Action	Loc	ation	16 Con	dition	17	Hit,	/Run Mop	ed
	License#	18	St	DOB/Age	Reg #Reg TypeReg State							State 20	_]	
	Sex Lic.	Class	Lic. Restrictions	CDL		ar		h Make				Veh Con		
1	Operator	Last	First	Middle	Owner	La	st		First			Middle		-
	Address					s								-
	City Insurance Com	City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three Event Sequence 22 22 22 22 23 4							ee)					
	Vehicle Travel													
	Citation # (If I	Most Harmful Event 23						riage						
	Violatio	on 1: ChS	Sec Violation 2	2: ChSec	Driver Contributing Code 24 24									
	Violatio	on 3: ChS	Sec Violation 4	: ChSec	Underr	ide/Override	25	Towe			7		6	
	Pl Name (Last Fi		r operator and all oc	ecupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag Ai m Status S	29 30 bag Ejec witch Coo) 31 t Trap de Code	Injury Tran	33 isp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above										

Date of Crash	Ce Use Only Time of Crash	City/Town	Common		oi Massa hicle Cra			Jumber	Speed Lim		State Police	_
07/15/2021	09:00	NEWTON	IVIO			Ve	ehicles I	njured	Latitude _		Local Police MBTA Police	
	24HR	CECTION.	<		Report	1			Longitude		Other:	
	ATINIER	SECTION:	<	LUCA	ATION -	>		NOT	AT INT	ERSEC	TION:	
Route# Direct	tion	Name of Ro	oadway/Street		Route# Direction	n Addre			Name of		Street	
					Feet [N	S E W	of —	Mile Mar	• rker	or	Exit Number	_
Route# Direc	tion N	Iame of Intersecting I			Feet N	N S E W						
]					Feet N	N S E W		Route#	Interse	cting Road	way/Street	_
Route# Direct	tion	Name of Intersecting	ng Roadway/Street				_		La	ndmark		
XVehicle1	_1_#Occupants	X Hit/Run	Moped	Case Numbe	r	21000	000511					
License#		St MA	DOB/Age	Peg	# 3DCN99			eg Type	PAN	Reg S	State_MA	
Sex_M Lic. 0	71acs 99 18 18		19 CDL		Year 2013					Veh Con	20	
Operator POV	•	WILLIAM	Endorsme	ent						_		
Address 12 RC	CKLAND ST	First	Middle		er					Middle		
City NEWTO		State	MA Zip 02458							e Z	.ip	
Insurance Com					cle Action Prior to		99 21				Circle Up to Th	
1		S E W Respon	ding to Emergency	? <u>N</u> Even	t Sequence 20 2	22 22	22 22	2 0	6		4	
	ssued) 069847AB				Harmful Event	10 23			_ \	$\langle $	10 Undercar 5 11 Totaled	rriage
Violation	1: ChSec	Violation 2:	ChSec	Drive	er Contributing Co	ode 10	24 ₇ ²	24	<u> </u>			
Violation	3: ChSec_	Unde	erride/Override	25	Towed Y	8	7		6			
Please f		ator and all occupa		Age/DOB	Sex Pos.	27 2 Safety Airb System Stat	28 29 pag Airbag	30 31 Eject Trap Code Code	32 Injury Tran Status Cod	33 nsp. de Medical Faci	lity	
Operator			Address See Above		Age/DOB			pwittil	Joac Code			
Please Select C)ne 👝				14 1	5	16		17			
of the Followi		# Occupants	Non-Motorist	:A Type	Action	Location	1	Condition	on	Hit,	/Run Mo	ped
License#	18 18	St	DOB/Age	Reg	#		R	Reg Type	:	Reg S	State 20	_
Sex Lic. (Class	Lic. Restrictions	CDL Endorsme		Year	Veh M	ake			_Veh Con		
Operator	Last	First	Middle		er	t	1	First		Middle		_
1				Addı	ress							_
City		State	Zip	City								
Insurance Com				Vehi	cle Action Prior to		21	_	Ü	`	Circle Up to Thi	ree)
Vehicle Travel		S E W Respo	nding to Emergency		Event Sequence 22 22 22 22 3 4 10 Undercarria;							riage
Citation # (If Is	· ·				Most Harmful Event 5 11 Totaled							
1		ec Violation 2			er Contributing Co	ode		27 8	7		6	
		operator and all oc			erride/Override		Towed	28 29	30 31		33	
Name (Last Fi	rst Middle)	operator and all of	Address	8	Age/DOB	Sex Pos.		ag Airbag atus Switch	30 31 Eject Trap Code Code	Injury Tran Status Co	ısp.	ility
Operator/	Non-Motorist		See Above	e								



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 o	n next page)							
Witnesses:								
Name (Last, First, Middle)	A	Address				Phone #	ŧ	Statement
Property Damage:								•
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
_								
Truck and Bus Information:			(From Vehic			C. i. I.	:	35
Truck and Bus Information: Carrier Name			(From Vehic			Carrier Issu	uing Authority Co	
							· ·	de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	8	City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #: Gross	State Number	8	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Number	8 Reg State	City Issuing State	ICC#:Tr	railer Lengt	St	ZipInterstate	de

MARK D HAGOPIAN

NEWTON POLICE DEPARTN

O7/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

		■ Vehicle 1 2	_‡Vehicle 2	Pedestria	
Crash Diagram:	ie: → 1		→	<u> </u>	
	 				If Crash <u>Did Not</u> Occur on a Public Way:
					—
					☐ Garage
	. — — — —			+	
					— — Mall/Shopping Center
					☐ Other Private Way
	. — — — — —		+ -	+	Indicate North by Arrow
	· — — — —		+	+	
Crash Narrative:					
his residence at 12 Rocklar	nd and then ber	eaved the vel	hicle slowly r	coll back	out of the driveway.
Medic 3 and Tody's responde	ed to the scene	e. Due to the	heavy damage	and two f	Lat tires Tody towed the
vehicle. A towed motor vehi	icle inventory	report was f	illed out. Med	lic 3 was	called to the scene to evaluate
the health of Power's. Off:	icer Tocci and	myself locate	ed Power's in	the reside	ence passed out on the couch.
Empty alcohol cans were al	l around Power'	s. After seve	eral attempts	to wake u	Power's he finally came too.
Power's speech was severely	y slurred, he c	ould barely	keep his eyes	upon and	ne lacked the ability to stand up
without assistance.					
The Medics transported Power	er's to Newton	Wellesley. Po	ower's is bein	ng cited (1	Ma Citation 069847AB and
06850AB) for 90/10/A Unlice	ensed Operation	n, 90/24/E Neg	gligent Operat	ion of MV	90/24/C Leave Scene of
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statemen
Dura un auto - Danie a un a					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Pescription of Damaged Property
2 111121 (2004) 1 1104 1 1110000,					
Truck and Bus Information:	Registration #		(From Vehi	icle Section)	3
0 1 11					
Carrier Name					Carrier Issuing Authority Code
Carrier Name			City		
Address_	State Number				St Zip
AddressUS DOT #:					St Zip
AddressUS DOT #:	State Number	38	Issuing State	ICC#:	St Zip
AddressUS DOT #:	State Number	38	Issuing State	ICC#:	St Zip
AddressUS DOT #:	State Number ss Vehicle Weight Reg Type	38 Reg State	Issuing State Reg Year	ICC #: Trail	St Zip

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 1	2	■ →	. ĝ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
				+	Other Private Way	
				İ	Indicate North by A	rrow
				+		
	· — — — —			+		
Crash Narrative:						
Property Damage, 90/24/J 0	JI Liquor and 9	00/24/P Use M	V Without Auth	ority. 5	photos were taken of the	motor
vehicle.						
It should be noted that the	e original loca	ation of the	crash and the	object th	nat was struck are unknown	to us
at this time. Dispatch was	also able to o	confirm that	Power's did no	t have an	active license at this t	ime.
Power's mother Bernice Fou	gere who is the	owner of th	e vehicle stat	ed to me	that Power's did not have	
permission to use her vehic	cle.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dranarty Damaga						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				3 1 1 1 1 1		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Authority Cod	e
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length 39	
Hazmat Information:			-	_		
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 d	igit# Release code	42
MARK D HAGOPIAN				N POLICE DEPARTA	07/15/2	221

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)