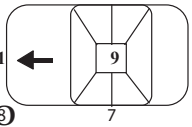
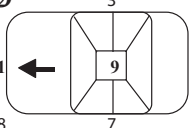


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/01/2021		Time of Crash 14:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				1354 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 _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3 Vehicle 1 0 #Occupants		Hit/Run		Moped		Case Number 210000663						4		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE INS				Reg # 3NP74 Reg Type PAN Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 1 20 Owner SCOTT CHRISTIAN ROBERT Address 109 GORE STREET City CAMBRIDGE State MA Zip 02141 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed Y								12		
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility								1		
Operator _____ Address _____ Age/DOB _____ Sex _____				Operator See Above										
7 Please Select One of the Following:				Vehicle 2 1 #Occupants		Non-Motorist A Type		14 Action 15 Location 16 Condition 17		Hit/Run		Moped		13
License # --- St MA DOB/Age --- Sex F Lic. Class [D][18][18] Lic. Restrictions [1] 19 CDL _____ Operator BERNARD LAUREN Address 20 JOHN ST (apt. 1) City BROOKLINE State MA Zip 02446 Insurance Company ARBELLA MUTUAL				Reg # 2HAX57 Reg Type PAN Reg State MA Veh Year 2021 Veh Make MAZDA Veh Config. 1 20 Owner FERROSPOSCHETTC FRANCO Address 20 (apt. 1) JOHN STREET City BROOKLINE State MA Zip 02446 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								13		
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility										
Operator/Non-Motorist _____ Address _____ Age/DOB _____ Sex _____				Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Washington Street

Ramp I 90

MV#2

MV#1

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:

MV#2 was stopped at the light on Washington Street when it was struck by MV#1. After the collision MV#2 continued traveling on Washington Street with out making an attempt to meet with Op MV#2 or inspect property damage.

-Op MV#2 stated she had gotten off the exit onto Washington street and was waiting on at the light on the left lane. She stated the black car next to her cut across her, struck her vehicle and continued traveling on Washington Street. Op MV#2 stated she could not provide a proper identification of the operator and reported the incident later in the day, since she had an appointment earlier that morning.

-I observed deep scratches on the passenger side fender and bumper of the MV#2. I attempted to concentrate the owner of MV#1 to no avail.

(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

DAVID A. CALDERON NEWTON POLICE DEPARTA 09/03/2021

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