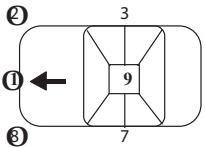
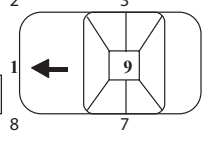


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/07/2021	Time of Crash 13:45 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>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 77 PAUL 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 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000796				
License # _____ St MA DOB/Age _____			Reg # 9166Y1		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 2003		Veh Make FORD		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20				
Operator CONILL FABIAN A			Owner (Same as operator)								
Address 26 WETHERELL ST			Address _____								
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____								
Insurance Company OCCIDENTAL FIRE AND CASUALTY			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 30 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 30 <input type="checkbox"/> 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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			-----		---		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 _____			Owner _____								
Address _____			Address _____								
City _____ State _____ Zip _____			City _____ State _____ Zip _____								
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 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 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22				10 Undercarriage 5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 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			-----		---		1 4 4 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Parked vehicles

Paul St

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:**

Operator of vehicle 1 stated he was traveling westbound on Paul St around the tight corner and another vehicle was coming his direction at a high rate of speed. He tried to swerve out of the way but his shoe got caught and he accelerated through the fence. The operator was not hurt and the vehicle was towed by Todys. Sagar Mohan stated he and his son were in the park at the time of the accident and they saw a red sedan going east bound at a high rated of speed with no concern to thee narrowness of the street and the tight turn. They stated it looked like operator 1 was trying to avoid a collision when he swerved into the fence. Unit 523 took several digital images of the fence and parks and rec were notified.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
MOHAN, SAGAR,	64 OXFORD RD NEWTON, MA 02459	-----	N

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, CITY OF NEWTON	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS	617-796-1000	3	FENCE

**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 IAROSSO      NEWTON POLICE DEPT      10/07/2021

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

CDP1 11 -24:00