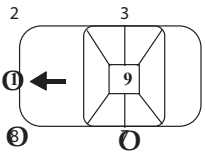
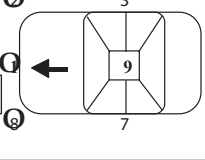


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/14/2021		Time of Crash 18:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				EAST 612 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	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000830						3	
License # --- St NH DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator O'CONNELL BRANDON MICHAEL Address 49 DEARBORN ST (apt. B) City MILFORD State NH Zip 03055 Insurance Company FOREMOST INSURANCE COMPANY				Reg # 438KR2 Reg Type PAN Reg State MA Veh Year 207 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y								12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
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								1	
Operator				See Above									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												7	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ZAIZERSKAYA LIUDMILA Address 84 WEST ST City NEWTON State MA Zip 02458 Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA				Reg # 1KSA62 Reg Type PAN Reg State MA Veh Year 2011 Veh Make PORSCHE Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								8	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled									
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:**

Washington St

612 Washington 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

**Crash Narrative:**

The operator of Vehicle #1 stated that as he was attempting to turn left from the parking lot of 612 Washington St, he collided with Vehicle #2. He stated that he crossed in front of one lane of travel prior to the collision.

The operator of Vehicle #2 stated that as she was travelling Eastbound on Washington St she collided with Vehicle #1.

All parties declined medical attention when it was offered to them.

Both vehicles were towed from the scene due to being disabled.

**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

DECLAN G HEALY

NEWTON POLICE DEPART

10/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date