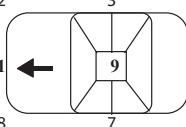
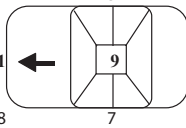


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/22/2021		Time of Crash 07:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	1	BEACON ST											2
		Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							
		EAST UNION ST				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
2	1	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street							11
		Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark							
3	1	<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000851					12
4	5	License # --- St MA DOB/Age ---				Reg # 9JXY90 Reg Type PAN Reg State MA				13			
		Sex --- Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make SUBA Veh Config. 1 20							
		Operator TROJANOWSKI MARCIN				Owner (Same as operator)							
5	1	Address 20 STONY BRAE RD				Address _____							
		City NEWTON State MA Zip 02461				City _____ State _____ Zip _____							
		Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
6	1	Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2							
		Citation # (If Issued) _____				Most Harmful Event 1 23							
		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24							
7	3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N							
		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											
8	1	Operator				See Above							
9	3	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							
10	1	Operator _____				Owner _____							
		Address _____				Address _____							
		City _____ State _____ Zip _____				City _____ State _____ Zip _____							
11	1	Insurance Company _____				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
		Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22 2							
		Citation # (If Issued) _____				Most Harmful Event 23							
12	1	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											
13	1	Operator/Non-Motorist				See Above							

→ 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:

Vehicle 1 was traveling eastbound on Union St and was waiting to merge onto Beacon St when he was struck from behind by another vehicle. the other vehicle quickly took off around him heading westbound on Beacon then turned quickly onto Summer St. Operator of vehicle 1 stated he thinks he hit his head but was uninjured otherwise. Vehicle 1 had very minor rear damage. I canvassed the area for the other vehicle with negative results.

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

MICHAEL ANTHONY IAROSSO		NEWTON POLICE DEPART		10/22/2021	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24:00