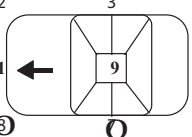
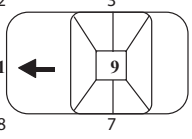




Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/20/2021		Time of Crash 20:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10	
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11	
2	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000964							
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # 2MRX85 Reg Type PAN Reg State MA Veh Year 2020 Veh Make SUBARU Veh Config. 2 20							12	
4	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company STATE FARM MUTUAL					Owner HOLLANDER KATHLEEN Last First Middle Address 915 WATERTOWN ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____					Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							13	
6	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
	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													
7	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 _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # _____ Reg Type _____ Reg State 20 Veh Year _____ Veh Make _____ Veh Config. 20								
8	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
	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:**

**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:**

MV1 operator stated he was operating westbound on Watertown St by Dunstan St (both public ways). MV1 operator struck (side swiped) both the driver side's of MV2 and MV3 which were parked in front of 915 Watertown St. MV1 operator struck the curb in front of 919 Watertown St and left the roadway. After MV1 left the road way it hit and destroyed a fire hydrant owned and maintained by the City of Newton. MV1 operator then hit the private wall of 919 Watertown St and it was it's final resting location. MV1 sustained extensive and complete front end and under carriage damage, it was towed by Todys. MV2 sustained minor damage and paint transfer, no tow required. MV3 sustained extensive driver side wheel well damage, which will privately towed at a later time. MV1 operator stated he struck his head and was not feeling well; he was transported to Newton-Wellesley Hospital by Newton Medics. MV2 and MV3 were not occupied. The City of Newton was notified

(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
NEWTON, CITY OF,	919 WATERTOWN ST NEWTON, MASSACHUSETTS		3	FIRE HYDRANT, \$3000 USD
VASILYEV, DMITRY,	919 WATERTOWN ST NEWTON, MASSACHUSETTS		97	PRIVATE RESIDENTIAL WALL, \$1000 USD

**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

**MARK HATFIELD**      **NEWTON POLICE DEPARTMENT**      **11/20/2021**

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

CDP1 11 -24:00

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MARK HATFIELD			NEWTON POLICE DEPT.		11/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					