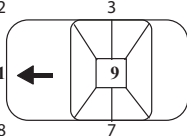
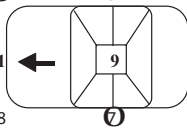


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/14/2022		Time of Crash 16:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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 _____				SOUTH 25 GRANT AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10		
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 _____				Landmark _____								1		
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000043						3		
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator GEFFIN BENNIE Address 210 ALLANDALE RD (apt. 2C) City CHESTNUT HILL State MA Zip 02467 Insurance Company PLYMOUTH ROCK				Reg # 373N60 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 2 20 Owner TOYOTA LEASE TRU Address PO BX 105386 City ATLANTA State GA Zip 30348 Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 43 22 22 22 2 Most Harmful Event 43 23 Driver Contributing Code 12 24 24 Underride/Override 25 Towed Y								12		
Vehicle Travel Direction: [N][X][E][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												2		
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														
GEFFIN, GILLIAN 210 ALLANDALE RD (apt 2C) CHESTNUT HILL, MA 02467														
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company AMERICAN FAMILY CONNECT PROPERTY & CAS				Reg # 2NEB55 Reg Type PAN Reg State MA Veh Year 2020 Veh Make NISSAN Veh Config. 1 20 Owner KAIDANOV GREGORY Address 105 LANGLEY RD City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 21 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 24 24 Underride/Override 25 Towed Y								8		
Vehicle Travel Direction: [N][S][E][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														
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:**

GRANT AVE

25 GRANT AVE

P.O.I.

MV2

MV1

NOT TO SCALE

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 MV1 (GEFFIN, Bennie - MA Reg 373N60) stated he was traveling Southbound on Grant Ave. when he jerked the wheel to avoid the left rear end of MV2 (MA Reg 2NEB55). MV2 was parked Southbound at 25 Grant Ave. As a result, MV1 clipped MV2, rolled over, and landed on its left side. GEFFIN and the passenger, GEFFIN, Gillian, were trapped in the vehicle upon my arrival, and were freed by Newton Fire. Both parties were evaluated by the medics and signed refusals with no injuries.

MV1 sustained damage to all sides of the vehicle. MV2 sustained damage to the left side and right front as a result of sliding into a tree. Both vehicles were towed from the scene by Todys.

**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