	Poli	ice Use Only		Common	wealth	of Mass	achus	etts		R	MV Do	cumen	nt Number	
	Date of Crash 02/07/2022	Time of Crash 15:14	City/To NEWTON	wn Mo	otor Ve	hicle Cra	ish N		Number Injured	Speed I Latitude	Limit <u>25</u>	S1	tate Police ocal Police IBTA Police	□ Xì
	02/07/2022	15:14 24HR	NEWTON		Police	Report		2	0	Longitu			ABTA Police Other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT IN	TERS	ECT	ION:	락
						EAST	308	1	ELLIOT	ST				\vdash
[Route# Direc	tion	Name of	Roadway/Street		Route# Directi	on Addre	ess#		Name	of Roadw	vay/Str	eet	
	At					Feet NSEW of or							-	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							-	
2						Feet NSEW of								
	Route# Direction Name of Intersecting Roadway/Street					Landmark								4
,	XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er	2200	00119						
	License#		St M	A DOB/Age	- Reg	# 8RH731			Reg Typ	e PAN	R	Reg Stat	te MA	
	Sex F Lic. Class D Lic. Restrictions 1 CDL					20								_
ļ			GRETCHEN	Endorsme	ent								,	_
1	Address 6 CO	perator ALBERTINI GRETCHEN Last First Middle 6 CORNELL				Owner (Same as operator) Last First Middle Address								-
	City DOVER State MA Zip 02030													
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
•				onding to Emergency	? N Ever	nt Sequence 1	22 1 22		22 2		3	4		
2		ssued)				t Harmful Event	1 23			_ \			10 Undercarr	riage
				2: ChSec		er Contributing C		24	24 1	-	9) 5	11 Totaled	
2				4: Ch Sec		erride/Override	25	Towed	Y 8		7	6		
	Please fill out for operator and all occupants involved						2 Seat		28 29 irbag Airbag tatus Switch	30 Eject Tr	31 32 rap Injury ode \$tatus	33 Transp.		
	Name (Last Fir	st Middle)		Address See Abov		Age/DOB	Sex Pos.			Code Co		Code 1	Medical Facili	ity
	1								. ,,,			1		
												\vdash		
,														
1	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motoris	t A Type	14 Action	Locatio	on 16	Conditi	ion	17	Hit/Ru	un Mop	ed
	3//					Reg # 64D560 Reg Type PAN Reg State Ma					. MA	4		
	18 18 19										20	-		
	Sex_F Lic. Class D Lic. Restrictions 1 CDL_ Operator ZAKUTA RACHEL A				ent	Veh Year 2019 Veh Make SUBARU Veh Config. 1								
1	Address 308 E	Last	First	Middle		Owner Game as operator) Last First Middle								
	Address See Education City NEWTON State MA Zip 02464					Address							-	
	Insurance Company GEICO					CityStateZip							ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N					venicle Action Prior to Clash 4							-/	
			Ke Ke	74 7 7 7			Most Homeful Funct 123						riage	
	Citation # (If I	·	ec Violatio		Most Harmful Event 1 9 9 11 Totaled									
				Driver Contributing Code 1 25 Towed N 8 7 6										
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Ciriue/Overtide	20 Seat		28 29 irbag Airbag	30 Eject Tr	31 32 ap Injury	33		\dashv
	Name (Last Fi	rst Middle)	r	Addres	S	Age/DOB	Sex Pos	s. System	Status Switc	h Code C	ode Status	Transp. s Code	Medical Faci	lity
	Operator/	Non-Motorist		See Abov	e			- 1 1	99	0 0	10	1		\dashv
								1						
												1		

→	Direction 1	Vehicle 1 2	Vehicle 2	Pedestr	ian							
Crash Diagram:	ie: 🕕 🛚 1	2	□ →	Ŷ								
	NOT TO SCALE											
					- — — —	 Off-Street Parking 	g Lot					
		 				☐ Garage						
	į		į	į		☐ Mall/Shopping Ce	enter					
	- — — — — —				- — —	☐ Other Private Way	7					
NV-2 NV-1	- — — — —	 			- 	ndicate North by A	rrow					
						\bigcirc						
Crash Narrative:												
MV-1 proceeding East bound Elliot Street. MV-1 struct		<u>-</u>	ee MV-2 negoti	ating le	ft turn into	driveway of 3	08					
MV-1 sustained severe from	t end damage. M	MV-2 sustaine	d severe back	end dama	ge .							
MV-1 towed to Tody's by Dave. MV-2 was parked at owner residence at 308 Elliot Street.												
Both operators checked via Medic-2 and refused treatment.												
Witnesses:		Address				Phone # St						
Name (Last, First, Middle)		Address				Phone #						
Property Damage:												
Owner (Last, First, Middle)	Phone # 34-Type			Description of Da								
Truck and Bus Information:	Registration #		(From Vehi	cle Section)								
Carrier Name					Carrier Issuing Authority Code 35							
Address	dress City											
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36					
Cargo Body Type Code Gros	ss Vehicle Weight	38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39						
Hazmat Information:	41						42					
Placard 40 Material 1 digit #	Material Na	ame		Material 4 of	ligit #	Release code	42					
ISAIAH JELLINEK			NEWTO	N POLICE DEPARTM		02/07/20)22					

CDP1 11 ·24·00

Police Officer Name (Please Print)