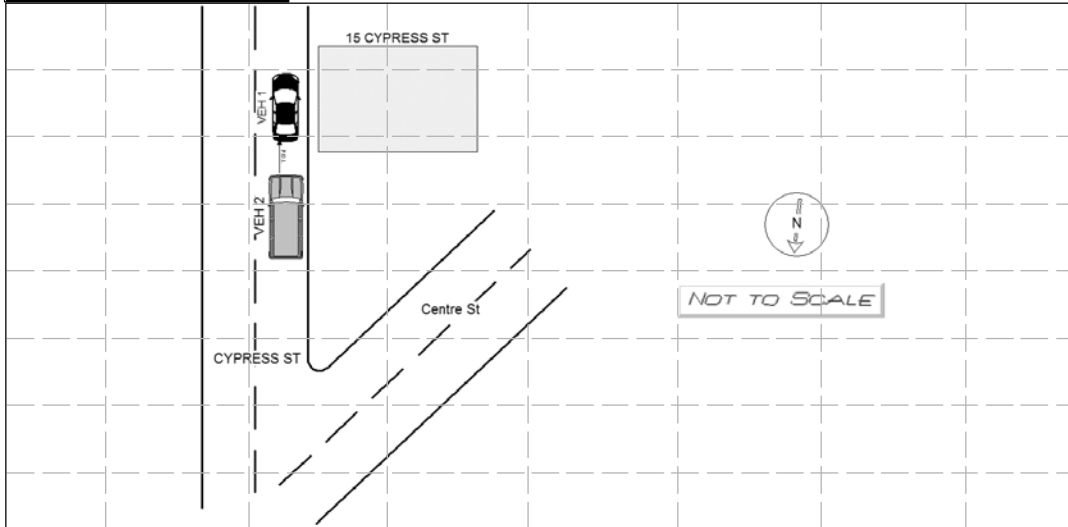


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																
Date of Crash 02/01/2019	Time of Crash 15:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>												
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:																
Route# Direction Name of Roadway/Street At			SOUTH 15 CYPRESS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of 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																										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark																										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000130																				
License # --- St MA DOB/Age --- Reg # 2EE232 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator CASTILLO FABIAN Address 350 WHITING AVE City DEDHAM State MA Zip 02026 Insurance Company PILGRIM Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec															Reg # 2EE232 Reg Type PAN Reg State MA Veh Year 2013 Veh Make NISS Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled														
Please fill out for operator and all occupants involved															13														
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 --- --- 1 4 4 0 0 5 1 NONE														
Please Select One of the Following:															<input checked="" type="checkbox"/> Vehicle 2 2 #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 MA DOB/Age --- Reg # 5WD224 Reg Type PAN Reg State MA Sex M Lic. Class M 18 18 Lic. Restrictions 2 19 CDL P Endorsment Operator MACALEESE EDWARD Address 57 ISLAND ST (apt. 2) City STOUGHTON State MA Zip 02072 Insurance Company PILGRIM Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec															Reg # 5WD224 Reg Type PAN Reg State MA Veh Year 2011 Veh Make GMC Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 7 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled														
Please fill out for operator and all occupants involved															13														
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 --- --- 1 4 4 0 0 5 1 NONE MACALEESE, MARISSA 57 ISLAND ST (apt 2) STOUGHTOM, MA 02072 --- F 4 4 4 4 0 0 5 1 NONE														

→ 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:

On 2/1/19 I was working N496 when I responded to a 2 car MVA at 15 Cypress St. with a road rage incident (incident # 19004330). Upon arrival I spoke with Edward Macaleese. Macaleese stated MA reg 2EE232 (being operated by Fabian Castillo) was tailgating him while traveling southbound on Cypress St. so he pulled to the side to allow him to pass. After Castillo passed Macaleese he slammed on his brakes causing Macaleese to rear end Castillo.

I spoke with Castillo who stated that he was traveling southbound on Cypress St. when the vehicle in front of him (Macaleese) began driving "much slower than the speed limit". Castillo stated the Macaleese pulled over to allow him to pass, after Castillo began to slow in traffic due to a vehicle pulling out. Macaleese struck Castillo from behind.

(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

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

→ 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:

Both parties stated they were not injured. Both vehicle were still drive able. Both parties were provided an accident report number.

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