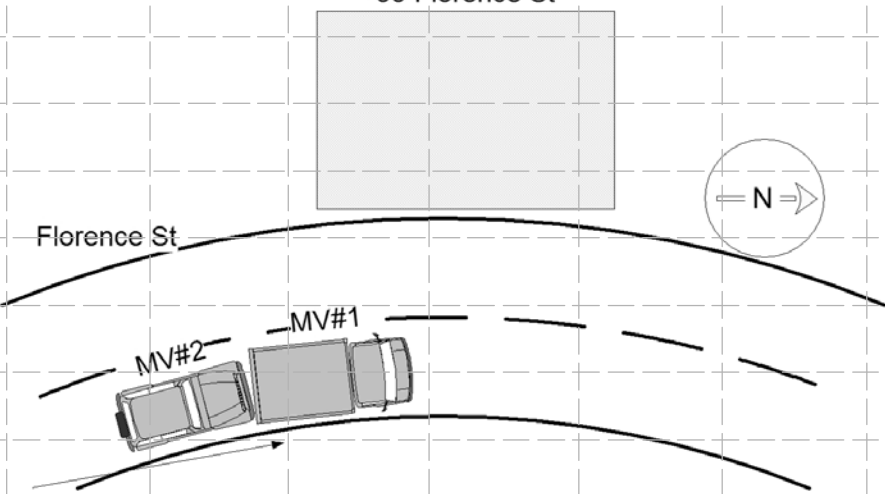



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/02/2019	Time of Crash 10:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local 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 _____			NORTH 99 FLORENCE ST		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 _____			____ Feet N S E W of _____		Landmark _____					2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000226				4
License # ____ St MA DOB/Age ____			Reg # S51177		Reg Type CON		Reg State MA				12
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008		Veh Make FREIGHTLINER		Veh Config. 13 20				1
Operator DA SILVA EMERSON INACIO Last First Middle			Owner (Same as operator)		Last First Middle		Address _____				13
Address 4 S COGSWELL S			City _____		State _____ Zip _____		Vehicle Action Prior to Crash 1 21				14
City HAVERHILL State MA Zip 01835			Event Sequence 1 22 22 22 22		2 3 4		Damaged Area Code: (Circle Up to Three)				15
Insurance Company PROTECTIVE INS			Most Harmful Event 1 23		1 24 24		10 Undercarriage 11 Totaled				16
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Driver Contributing Code 1 24 24		Underride/Override 25		Towed N		8 7 6		17
Citation # (If Issued) _____			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				18
Name (Last First Middle) Address _____			Age/DOB _____ Sex _____		Seat Pos. _____ Safety System _____		Airbag Status _____ Airbag Switch _____		Eject Code _____ Trap Code _____		19
Operator _____			See Above		99 4 4		0 0		5 1		20
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		21
License # ____ St MA DOB/Age ____			Reg # 1BN831		Reg Type PAN		Reg State MA				22
Sex M Lic. Class D 18 18 Lic. Restrictions 10 19 CDL _____			Veh Year 2015		Veh Make JEEP		Veh Config. 2 20				23
Operator BULCZYNSKI LUCAS MICHAEL Last First Middle			Owner (Same as operator)		Last First Middle		Address _____				24
Address 36 WAMESIT RD			City _____		State _____ Zip _____		Vehicle Action Prior to Crash 1 21				25
City WABAN State MA Zip 02468			Event Sequence 1 22 22 22 22		2 3 4		Damaged Area Code: (Circle Up to Three)				26
Insurance Company GEICO GENERAL			Most Harmful Event 1 23		11 24 24		G 8 7 6		10 Undercarriage 11 Totaled		27
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Driver Contributing Code 11 24 24		Underride/Override 25		Towed N		8 7 6		28
Citation # (If Issued) _____			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				29
Name (Last First Middle) Address _____			Age/DOB _____ Sex _____		Seat Pos. _____ Safety System _____		Airbag Status _____ Airbag Switch _____		Eject Code _____ Trap Code _____		30
Operator/Non-Motorist _____			See Above		99 4 4		0 0		5 1		31

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian  
 ie: → 1    → 2    →

### Crash Diagram:

<p>99 Florence St</p> 	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;">  </div>
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### Crash Narrative:

The operator of MV#1 stated he was travelling northbound on Florence St when he was struck from behind by MV#2. MV#1 sustained moderate damages to its rear end. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling southbound on Florence St and could not stop in time (due to the snowy road conditions) and struck MV#1. MV#2 sustained minor front end damages. There were no reported injuries to the operator of MV#2.

### 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 Issuing Authority Code <span style="border: 1px solid black; padding: 2px;">35</span>
Carrier Name _____		
Address _____ City _____ St _____ Zip _____		
US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate <span style="border: 1px solid black; padding: 2px;">36</span>		
Cargo Body Type Code <span style="border: 1px solid black; padding: 2px;">37</span>	Gross Vehicle Weight <span style="border: 1px solid black; padding: 2px;">38</span>	
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length <span style="border: 1px solid black; padding: 2px;">39</span>		
Hazmat Information:		
Placard <span style="border: 1px solid black; padding: 2px;">40</span>	Material 1 digit # <span style="border: 1px solid black; padding: 2px;">41</span>	Material Name _____ Material 4 digit # _____ Release code <span style="border: 1px solid black; padding: 2px;">42</span>