

|   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
|---|--|--------------------------------|--|---------------------|--|--|--|--------------------------------|--|------------------------|--|--|--|----------------------------------|--|--|--|---|--|
| Police Use Only   |  |                                |  |                     |  | Commonwealth of Massachusetts  |  |                                |  |                        |  |  |  | RMV Document Number              |  |  |  |   |  |
| Date of Crash<br>03/05/2019   |  | Time of Crash<br>08:59<br>24HR |  | City/Town<br>NEWTON |  | Motor Vehicle Crash<br>Police Report   |  |                                |  |                        |  | Number Vehicles<br>2   |  | Number Injured<br>0              |  | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: |  |
| AT INTERSECTION:  |  |                                |  |                     |  | < LOCATION >   |  | NOT AT INTERSECTION:           |  |                        |  |  |  |                                  |  |  |  |   |  |
| CENTRE ST   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Route# Direction Name of Roadway/Street   |  |                                |  |                     |  | Route# Direction Address # Name of Roadway/Street  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| At  |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| WASHINGTON ST   |  |                                |  |                     |  | Feet N S E W of . or Exit Number   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                |  |                     |  | Feet N S E W of Mile Marker Intersecting Roadway/Street  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Also at Intersection with   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                |  |                     |  | Landmark   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  |                                |  |                     |  | <input type="checkbox"/> Hit/Run   |  | <input type="checkbox"/> Moped |  | Case Number 1900000236 |  |  |  |                                  |  |  |  |   |  |
| License # --- St MA DOB/Age ---   |  |                                |  |                     |  | Reg # 7HG793 Reg Type PAN Reg State MA   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 10 19 CDL Endorsment   |  |                                |  |                     |  | Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Operator GIUDITTA GRACE Last First Middle   |  |                                |  |                     |  | Owner (Same as operator) Last First Middle   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Address 13 MORGAAN DR (apt. 307)  |  |                                |  |                     |  | Address  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| City NATICK State MA Zip 01760  |  |                                |  |                     |  | City State Zip   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Insurance Company COMMERCE INS  |  |                                |  |                     |  | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency?  |  |                                |  |                     |  | 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 5 11 Totalled   |  |                                  |  |  |  |   |  |
| 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   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| 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  |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
|   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
|   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
|   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| 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 Condition 17 |  | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped                             |  |   |  |
| License # --- St MA DOB/Age ---   |  |                                |  |                     |  | Reg # AE21333 Reg Type CON Reg State CT  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment  |  |                                |  |                     |  | Veh Year 2004 Veh Make FREIGHTLINER Veh Config. 6 20   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Operator LOPEZ CARLOS Last First Middle   |  |                                |  |                     |  | Owner NEW ENGLAND SEA Last First Middle  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Address 993 BERKSHIRE AVE   |  |                                |  |                     |  | Address 130 (apt. 138) NEW HAVEN ST  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| City SPRINGFIELD State MA Zip 01105   |  |                                |  |                     |  | City NEW HAVEN State CT Zip 06513  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Insurance Company NGM INSURANCE CO  |  |                                |  |                     |  | Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)   |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency?  |  |                                |  |                     |  | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N |  |                                |  |                        |  | 10 Undercarriage 5 11 Totalled   |  |                                  |  |  |  |   |  |
| 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   |  |                                |  |                     |  |  |  |                                |  |                        |  |  |  |                                  |  |  |  |   |  |
| 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

← N →

WASHINGTON ST

CENTRE ST

IMPACT AREA

**Crash Narrative:**

On the above date/time I responded to the area of Washington Street/Centre St for a report crash involving two motor vehicles.

Upon arrival I met the operator of v1, she stated she was traveling straight (east) when vehicle two crossed over lanes and struck her vehicle in the right rear.

I spoke with the operator of v2, he stating he was merging lanes and did not observe vehicle one until impact. He stated the left front of his bumper had contact with vehicle two right rear.

No reported injuries, all parties advised, all information was swapped.

**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 # AE21333 (From Vehicle Section)

Carrier Name NEW ENGLAND SEATING CO LLC Carrier Issuing Authority Code 35

Address 130 NEW HAVEN ST # 138 City NEW HAVEN St   Zip 06513

US DOT #:   State Number   Issuing State CONN ICC #:   Interstate 1 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 2 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