

|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
|---|--------------------------------|---------------------|---|--|--|--------------------------------|--|--|-----------------------|---|--|--|--|---------------------|--|---|---|---|----|------------------------------|--|--|
| Police Use Only   |                                |                     | Commonwealth of Massachusetts   |  |  |                                |  |  |                       |   |  |  | RMV Document Number                                |                     |  |   |   |   |    |                              |  |  |
| Date of Crash<br>03/11/2019   | Time of Crash<br>08:18<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report                                      |  |  |                                |  |  |                       |   |  |  | Number Vehicles<br>2                               | Number Injured<br>0 | Speed Limit<br>15<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Other: | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> |   |    |                              |  |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >  |  |  |                                |  |  |                       |   |  |  | NOT AT INTERSECTION:                               |                     |  |   |   | 2 | 9  |                              |  |  |
| Route# Direction Name of Roadway/Street<br>At                                     |                                |                     | Route# Direction Address # Name of Roadway/Street<br>EAST 300 BOYLSTON ST |  |  |                                |  |  |                       |   |  |  | Route# Direction Address # Name of Roadway/Street  |                     |  |   |   | 2 | 10 |                              |  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with |                                |                     | Feet N S E W of Mile Marker Exit Number                                   |  |  |                                |  |  |                       |   |  |  | Feet N S E W of Route# Intersecting Roadway/Street |                     |  |   |   | 2 | 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 190000266 |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| License # --- St MA DOB/Age ---   |                                |                     |   |  |  |                                |  |  |                       | Reg # 95BX76 Reg Type PAN Reg State MA  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                    |                                |                     |   |  |  |                                |  |  |                       | Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Operator SCHWARTZ AVIVA Last First Middle   |                                |                     |   |  |  |                                |  |  |                       | Owner (Same as operator) Last First Middle  |  |  |  |                     |  |   |   |   |    | 3 12                         |  |  |
| Address 70 HOPE AVE   |                                |                     |   |  |  |                                |  |  |                       | Address   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| City WALTHAM State MA Zip 02435   |                                |                     |   |  |  |                                |  |  |                       | City State Zip  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Insurance Company AMICA   |                                |                     |   |  |  |                                |  |  |                       | Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Vehicle Travel Direction: N S X W Responding to Emergency?                        |                                |                     |   |  |  |                                |  |  |                       | Event Sequence 2 22 22 22 22 22 23 24 24 25 Towed Y   |  |  |  |                     |  |   |   |   |    | 10 Undercarriage 11 Totalled |  |  |
| Citation # (If Issued)  |                                |                     |   |  |  |                                |  |  |                       | Most Harmful Event 2 23   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec   |                                |                     |   |  |  |                                |  |  |                       | Driver Contributing Code 11 24 24   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Violation 3: Ch Sec Violation 4: Ch Sec   |                                |                     |   |  |  |                                |  |  |                       | Underride/Override 25   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Please fill out for operator and all occupants involved                           |                                |                     |   |  |  |                                |  |  |                       | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code   |  |  |  |                     |  |   |   |   |    | 13 2                         |  |  |
| Name (Last First Middle) Address  |                                |                     |   |  |  |                                |  |  |                       | Age/DOB Sex   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Operator See Above  |                                |                     |   |  |  |                                |  |  |                       | 1 4 99 0 0 5 1  |  |  |  |                     |  |   |   |   |    |                              |  |  |
|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| 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 # S36013 Reg Type PAN Reg State MA  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment                    |                                |                     |   |  |  |                                |  |  |                       | Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Operator CECCHINI JUSTIN Last First Middle  |                                |                     |   |  |  |                                |  |  |                       | Owner BULFINCH COMPAN Last First Middle   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Address 1423 CAMBRIDGE ST (apt. 1R)   |                                |                     |   |  |  |                                |  |  |                       | Address 250 FIRST AVE   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| City CAMBRIDGE State MA Zip 02139   |                                |                     |   |  |  |                                |  |  |                       | City NEEDHAM State MA Zip 02494   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Insurance Company CONTINENTAL CASUAL  |                                |                     |   |  |  |                                |  |  |                       | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency?                        |                                |                     |   |  |  |                                |  |  |                       | Event Sequence 1 22 22 22 22 23 24 24 25 Towed N  |  |  |  |                     |  |   |   |   |    | 10 Undercarriage 11 Totalled |  |  |
| Citation # (If Issued)  |                                |                     |   |  |  |                                |  |  |                       | Most Harmful Event 1 23   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec   |                                |                     |   |  |  |                                |  |  |                       | Driver Contributing Code 1 24 24  |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Violation 3: Ch Sec Violation 4: Ch Sec   |                                |                     |   |  |  |                                |  |  |                       | Underride/Override 25   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Please fill out for operator and all occupants involved                           |                                |                     |   |  |  |                                |  |  |                       | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code   |  |  |  |                     |  |   |   |   |    | 13 2                         |  |  |
| Name (Last First Middle) Address  |                                |                     |   |  |  |                                |  |  |                       | Age/DOB Sex   |  |  |  |                     |  |   |   |   |    |                              |  |  |
| Operator/Non-Motorist See Above   |                                |                     |   |  |  |                                |  |  |                       | 3 4 99 0 0 5 1  |  |  |  |                     |  |   |   |   |    |                              |  |  |
|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |
|   |                                |                     |   |  |  |                                |  |  |                       |   |  |  |  |                     |  |   |   |   |    |                              |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

### Crash Diagram:

#300 BOYLSTON ST

MV#2

MV#1

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:

WHILE PULLING INTO THE PARKING AREA OF #300 BOYLSTON ST, MV#1 SLID ON ICE AND STRUCK A PARKED MV#2 (REAR).

MV#2 WAS PARKED (OCCUPIED) IN FRONT OF #300 BOYLSTON ST, WHEN MV#1 SLID INTO THE REAR OF THE VEHICLE.

MV#1 WAS TOWED WITH MODERATE FRONT END DAMAGE.

### 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