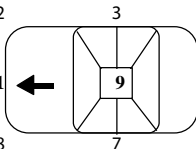
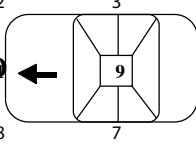


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/31/2019	Time of Crash 15:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
FRANKLIN ST										2	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							10	
NORTH WAVERLEY AVE			_____ Feet N S E W of _____ • _____ or _____		Mile Marker Exit Number					2	
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 1900000561				
License # --- St MA DOB/Age -- --			Reg # 1TD512 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012 Veh Make TOYT Veh Config. 1 20								
Operator YEE GARY Last First Middle			Owner (Same as operator) Last First Middle							12	
Address 61 WAVERLY AVE			Address _____							1	
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____								
Insurance Company AMICA			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22								
Citation # (If Issued) _____			Most Harmful Event 1 23		10 Undercarriage 11 Totaled						
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 Towed N								
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					1	
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 # 3AH621 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL STATE			Veh Year 2014 Veh Make SUBA Veh Config. 1 20								
Operator NADAL ZOE GRACE Last First Middle			Owner (Same as operator) Last First Middle								
Address 1 AVERY ST (apt. 23B)			Address _____								
City BOSTON State MA Zip 02111			City _____ State _____ Zip _____								
Insurance Company STATE FARM			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 1 22 22 22								
Citation # (If Issued) _____			Most Harmful Event 1 23		10 Undercarriage 11 Totaled						
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 Towed N								
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			-----								

Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 05/31/2019	Time of Crash 15:14	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 4	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:					
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street														
						_____ Feet N S E W of _____ • _____ or _____ 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														
						_____ Feet N S E W of _____ Landmark														
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000561										
License # --- St MA DOB/Age --- CDL ---						Reg # USL390 Reg Type PAN Reg State MA						Veh Year 2018 Veh Make LAND Veh Config. 20								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsment						Operator SANTUCCI LISA BETH Last First Middle						Owner SANTUCCI ERIK Last First Middle								
Address 929 LAGRANGE ST						Address 929 LAGRANGE ST						City BOSTON State MA Zip 02132								
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 1 22 22 22 2 3 4								
Vehicle Travel Direction: X S E W Responding to Emergency? _____						Most Harmful Event 1 23						Driver Contributing Code 1 24 24 ① ← 9 10 Undercarriage 11 Totaled								
Citation # (If Issued) _____						Underride/Override 25 Towed Y														
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 ----- - - - 1 4 4 0 0 10 1																				
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 4 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 --- CDL ---						Reg # ZZC787 Reg Type PAN Reg State MA						Veh Year 2014 Veh Make JEEP Veh Config. 20								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsment						Operator WILKINSON CRAIG RICHARD Last First Middle						Owner (Same as operator) Last First Middle								
Address 183 SUMMER ST						Address _____						City _____ State _____ Zip _____								
Insurance Company UNITED SERVICES						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 22 22 22 2 3 4								
Vehicle Travel Direction: X S E W Responding to Emergency? _____						Most Harmful Event 1 23						Driver Contributing Code 5 24 24 G ← 9 10 Undercarriage 11 Totaled								
Citation # (If Issued) T1444585						Underride/Override 25 Towed Y														
Violation 1: Ch 90/24 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 ----- - - - 1 1 4 0 0 10 1																				

→ 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:

Operator of MV1 stated he was traveling northbound on Waverly Ave and slowed down to turn when he was struck from behind by MV2.

Operator of MV2 stated she was traveling northbound on Waverly Ave when she was struck from behind by MV3 pushing her into MV1.

Operator of MV3 stated she was traveling northbound on Waverly Ave when she was struck from behind by MV4 pushing her into MV2.

Operator of MV4 stated he was traveling to close to MV3 and had no time to stop and struck the vehicle causing the accident. Operator of MV4 was determined to be operating under the influence of alcohol and was placed under arrest for 90/24 OUI (See incident #19021959).

(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

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

Crash Diagram:

Crash Narrative:

No operators reported any injuries. MV3 and MV4 were towed by Todys due to 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)

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42