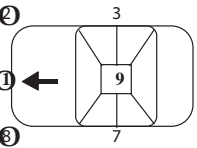
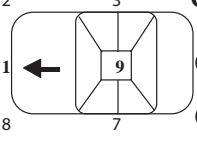


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/13/2019	Time of Crash 21:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 19 SUTCLIFFE PK Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000613			
License # _____ St MA DOB/Age _____			Reg # 9XW413		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2008		Veh Make CHEVROLET		Veh Config. <u>2</u> <u>20</u>			
Operator MORRISON JAMES WILLIAM Last First Middle			Owner (Same as operator)		First Middle		Address _____			
Address 28 BUCKINGHAM ST			City _____		State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			
Insurance Company GEICO			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>2</u> <u>23</u>		Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Underride/Override <u>25</u>		Towed Y					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 11 Totaled			
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 1 99 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # DUKE		Reg Type DLV		Reg State MA			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year 2006		Veh Make BENTLEY		Veh Config. <u>1</u> <u>20</u>			
Operator _____ Last First Middle			Owner BORTONE JOHN F Last First Middle		Address 19 SUTCLIFF PK		City NEWTON State MA Zip 02461			
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>2</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override <u>25</u>		Towed Y	
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

Crash Narrative:

On 6/13/19 I responded to 19 Sutcliffe Pk for a report of a MVA. Upon arrival I spoke with the operator of MV#1 who stated he turned onto Sutcliffe Pk to turn around and when he came back down the hill his brakes wouldn't work when he struck MV#2 which was legally parked on the street.

The owner of MV#2 was on scene and was not inside the vehicle at the time. There was heavy rear end damage and the owner stated he would call for his own tow first thing in the morning.

MV#1 had air bag deployment and heavy front end damage. NFD and medics responded to evaluate the operator of MV#1. The operator had no injuries and signed a patient refusal. Tody's towing responded and towed MV#1.

MV#2 had a dealer plate DUKE, but did not come back to anything through the registry. The vehicle was a 2006 black Bentley Flying Spur, VIN# SCBBR53W96C034217. John Bortone owns Velocity Motors out of 14 Hawthorne St

(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

CHRISTOPHER J BOUDREAU NEWTON POLICE DEPTA 06/13/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of white graph paper with a light gray grid. The grid consists of 10 columns and 8 rows of squares. A solid black border runs along the top and left edges of the page.

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:

in Newton and stated he recently purchased the vehicle out of Florida.

[illegible]

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	37	Gross Vehicle Weight	38
----------------------	----	----------------------	----

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

CHRISTOPHER J BOUDREAU

NEWTON POLICE DEPARTMENT

06/13/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____