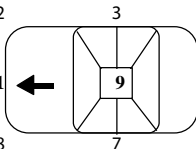
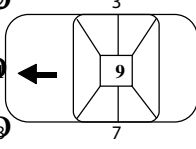


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/16/2019	Time of Crash 14:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
SOUTH CENTRE ST										2	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							10	
HYDE 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 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000622				
License # --- St MA DOB/Age -- --			Reg # FW428F Reg Type PAS Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make FORD Veh Config. 2 20								
Operator SULLIVAN BRIAN J			Owner (Same as operator)							12	
Address 87 PRESCOTT STREET			Address _____							1	
City NEWTONVILLE State MA Zip 02460-1718			City _____ State _____ Zip _____								
Insurance Company INTEGON BATIONAL			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E 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			-----								
SULLIVAN, NORA 87 PRESCOTT ST NEWTON, MA 02460			----- F 6 4 4 4 0 0 10 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 NY DOB/Age -- --			Reg # 8RX492 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make VW Veh Config. 1 20								
Operator TOMY NOEL A			Owner FAIR TITLING TRUS								
Address 34 CHASE AVE			Address 1540 (apt. 200) 2ND STREET								
City WHITE PLAINS State NY Zip 10606			City SANTA MONICA State CA Zip 90401								
Insurance Company AMERICAN BANKERS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E 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 5 24 7 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 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:

Operator # 1 stated that he was coming to a stop in traffic while driving SB on Centre Street at Hyde Street when he was rear ended by vehicle #2.

Operator #2 stated that he was driving SB on Centre Street, he saw the vehicle in front of him stopping. He attempted to stop but wasn't able too stop in time. He stated his car wouldn't stop due to the wet road.

NFD was able to separate the two vehicle which were stuck by the tow hitch.

Medics got 3 refusals.

Vehicle #2 was towed.

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