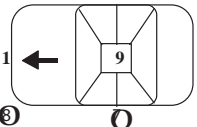
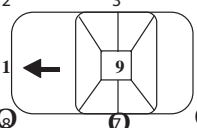


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/24/2019	Time of Crash 01:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 5	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 61 PEARL ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____			2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____			2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet [N][S][E][W] of _____ Landmark _____			11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000644	
License # _____ St MA DOB/Age _____			Reg # 4DH429 Reg Type PAN Reg State MA			2 12				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make RANGE Veh Config. 2 20							
Operator SARKIS MANUEL G Last First Middle			Owner JP MORGAN CHASE BANK Last First Middle							
Address 74 GARDNER ST			Address PO 901098							
City NEWTON State MA Zip 02458			City FORT WORTH State TX Zip 76101							
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____			Event Sequence 2 22 2 22 2 22 2 22			4				
Citation # (If Issued) _____			Most Harmful Event 2 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 21 24 19 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
Please fill out for operator and all occupants involved						13 2				
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 0 #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 _____ DOB/Age _____			Reg # 4FN562 Reg Type PAN Reg State MA			2 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2004 Veh Make CHEVROLET Veh Config. 2 20							
Operator _____ Last First Middle			Owner TYMINSKI MICHAEL Last First Middle							
Address _____			Address 656 WASHINGTON ST							
City _____ State _____ Zip _____			City BOSTON State MA Zip 02131							
Insurance Company PILGRIM			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6 7 8				
Please fill out for operator and all occupants involved						13 2				
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 06/24/2019		Time of Crash 01:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 5	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	
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 _____								10	
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 _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000644							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GOVT EMPLOYEE				Reg # 6EY452 Reg Type PAN Reg State MA Veh Year 2013 Veh Make NISSAN Veh Config. [2] [20] Owner GUTIERREZ CARLOS Last _____ First _____ Middle _____ Address 65 PEARL ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 [3] [4] Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed N 								12	
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____ 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												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													
Operator See Above													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 0 #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 _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GOVT EMPLOYEE				Reg # 7HG217 Reg Type PAN Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. [2] [20] Owner HANNON JACQUELINE Last _____ First _____ Middle _____ Address 706 (apt. 2) EAST FIFTH ST City BOSTON State MA Zip 02127 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 [3] [4] Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed N 								14	
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____ 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													

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/24/2019	Time of Crash 01:27 24HR	City/Town NEWTON	Number Vehicles 5	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____								
			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 5 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000644		
License # _____ St _____ DOB/Age _____			Reg # 3FY672			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2016			Veh Make JEEP			Veh Config. 2 20		
Operator _____ Last _____ First _____ Middle _____			Owner LEASING LT USB			Last _____ First _____ Middle _____					
Address _____			Address BX 679			Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City WILMINGTON			State OH			Zip 45177		
Insurance Company SAFETY			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			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			8 0 6					
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			See Above								
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20		
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____								
Address _____			Address _____			Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City _____			State _____			Zip _____		
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____								
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:

NOT TO SCALE

61 Pearl St

MV5 MV4 MV3 MV2 MV1

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

Crash Narrative:

MV1 stated he was travelling w/b on Pearl St when he "fell asleep" subsequently making contact with 4 parked cars. Operator was evaluated by Cataldo Ambulance who cleared with a patient refusal. MV1 was removed from the scene by Tody's Towing after sustaining heavy passenger side & front end damage.

MV2 sustained minor drivers side damage. A note was left on the windshield with this report number for the owner.

MV3 sustained heavy drivers side damage. A note was left on the windshield with this report number for the owner.

MV4 sustained minor drivers side damage. A note was left on the windshield with this report number for the owner.

(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

