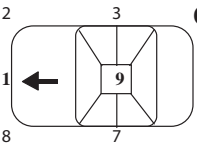


| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|--|--|--------------------------------|---------------------|--|---|--------------------------------|--|
| Date of Crash 07/15/2019 | Time of Crash 08:45 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 1 | 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 _____ | | | WEST 1177 WASHINGTON ST 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>0</u> #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000728 | | | |
| License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>COMMERCE</u> | | | Reg # <u>6EZ983</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u> Owner <u>VIBERT</u> <u>RENE</u> Last _____ First _____ Middle _____ Address <u>1177 (apt. 2) WASHINGTON ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u> Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> 10 Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>1</u> <u>9</u> 11 Totaled Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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 See Above | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</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 <u>MA</u> DOB/Age _____ | | | Reg # <u>5NHV50</u> Reg Type <u>PAN</u> Reg State <u>MA</u> | | | | | | | |
| Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year <u>2003</u> Veh Make <u>CHRY</u> Veh Config. <u>2</u> <u>20</u> | | | | | | | |
| Operator <u>SANGIOLO</u> <u>JOSEPH</u> Last _____ First _____ Middle _____ | | | Owner <u>SANGIOLO</u> <u>AMY</u> Last _____ First _____ Middle _____ | | | | | | | |
| Address <u>389 CENTRAL ST</u> | | | Address <u>389 CENTRAL ST</u> | | | | | | | |
| City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u> | | | City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u> | | | | | | | |
| Insurance Company <u>QUINCY MUTUAL</u> | | | Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? _____ | | | Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> | | | | | | | |
| Citation # (If Issued) <u>T1272257</u> | | | Most Harmful Event <u>2</u> <u>23</u> <u>9</u> 10 Undercarriage | | | | | | | |
| Violation 1: Ch <u>89/4A</u> Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>21</u> <u>24</u> <u>9</u> <u>24</u> <u>1</u> <u>9</u> 11 Totaled | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>Y</u> | | | | | | | |
| 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 | | | | | | | | | | |
| <u>SANGIOLO, AMY</u> | | | <u>389 CENTRAL ST</u> <u>NEWTON, MA 02466</u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

Unit 2

P.O.I.

Unit 1

1177 WASHINGTON ST

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV2 (MA Reg: 5NHV50) stated that he was travelling westbound on Washington St when he crashed into the rear of MV1 (MA Reg: 6EZ983) which was parked and unoccupied. MV2 stated that he had just worked his first overnight shift and was very tired. MV2 stated that he may have fallen asleep at the wheel momentarily and crashed into MV1.

The owner of MV1 was inside his home at 1177 Washington St and came outside when he heard the accident happen.

The operator of MV2 sustained minor injuries and signed a patient refusal. MV2 sustained heavy front end damage and was towed by Tody's. MV1 sustained heavy rear end damage. MV2 was issued MA Uniform Citation T1272257 (c89/s4A).

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

ANDREW SCOTT VELLO

NEWTON POLICE DEPT.

07/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date