

| Police Use Only  |                                |                     | Commonwealth of Massachusetts  |  |                                    |                     | RMV Document Number  |   |  |  |
|--|--------------------------------|---------------------|--|--|------------------------------------|---------------------|--|---|--|--|
| Date of Crash<br>07/15/2019  | Time of Crash<br>15:54<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report   |  | Number Vehicles<br>2               | Number Injured<br>0 | Speed Limit 25<br>Latitude<br>Longitude                                    | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: |  |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >   |  | NOT AT INTERSECTION:               |                     |  |   |  |  |
| Route# Direction Name of Roadway/Street<br>At  |                                |                     | NORTH 326 FULLER ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of Mile Marker Exit Number                                |  |                                    |                     |  |   |  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with  |                                |                     | Feet N S E W of Route# Intersecting Roadway/Street   |  |                                    |                     |  |   |  |  |
| Route# Direction Name of Intersecting Roadway/Street   |                                |                     | Landmark   |  |                                    |                     |  |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants   |                                |                     | <input type="checkbox"/> Hit/Run   |  | <input type="checkbox"/> Moped     |                     | Case Number 190000729  |   |  |  |
| License # St DOB/Age<br>Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment   |                                |                     | Reg # 8BY256 Reg Type PAN Reg State MA<br>Veh Year 2018 Veh Make AUDI Veh Config. 1 20   |  |                                    |                     |  |   |  |  |
| Operator Last First Middle<br>Address<br>City State Zip<br>Insurance Company AUTO INS CO HRTFRD  |                                |                     | Owner LACAMERA MARY E<br>Address 214 (apt. 2) BEACON ST<br>City BOSTON State MA Zip 02116  |  |                                    |                     |  |   |  |  |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? |                                |                     | Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  |  |                                    |                     |  |   |  |  |
| Citation # (If Issued)   |                                |                     | Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23   |  |                                    |                     |  |   |  |  |
| 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 Y  |  |                                    |                     |  |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                     | 26 27 28 29 30 31 32 33<br>Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp.<br>System Status Switch Code Code Status Code Medical Facility |  |                                    |                     |  |   |  |  |
| 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |   |  |  |
| License # St MA DOB/Age  |                                |                     | Reg # 9LW783 Reg Type PAN Reg State MA   |  |                                    |                     |  |   |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment   |                                |                     | Veh Year 2006 Veh Make BUICK Veh Config. 2 20  |  |                                    |                     |  |   |  |  |
| Operator ESPINAL MIRNA Y<br>Address 12 DELFORD ST  |                                |                     | Owner (Same as operator)<br>Address  |  |                                    |                     |  |   |  |  |
| City ROSLINDALE State MA Zip 02131   |                                |                     | City State Zip   |  |                                    |                     |  |   |  |  |
| Insurance Company OCCIDENTAL FIRE  |                                |                     | Vehicle Action Prior to Crash 10 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 2 22 22 22 22 2 Most Harmful Event 2 23   |  |                                    |                     |  |   |  |  |
| Citation # (If Issued) 1442113   |                                |                     | Driver Contributing Code 99 24 99 24   |  |                                    |                     |  |   |  |  |
| Violation 1: Ch 90/24/C Sec Violation 2: Ch Sec  |                                |                     | Underride/Override 25 Towed Y  |  |                                    |                     |  |   |  |  |
| Violation 3: Ch Sec Violation 4: Ch Sec  |                                |                     |  |  |                                    |                     |  |   |  |  |
| Please fill out for operator and all occupants involved  |                                |                     | 26 27 28 29 30 31 32 33<br>Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp.<br>System Status Switch Code Code Status Code Medical Facility |  |                                    |                     |  |   |  |  |
| Operator/Non-Motorist See Above  |                                |                     | 99 99 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:**

On the above date and time Mary Lacamera (operator # 1) came to NPD Headquarters to report a traffic accident that occurred on 07/14/2019 in the parking lot of Brae Burn Country Club, 326 Fuller St.

Lacamera stated that she found a note on her M/V stating that the note writer had witnessed a black Buick Terraz (Ma Reg 9LW783), back into Lacamera's car, and leave the scene. The author of the note did not leave any contact information, or name.

Ma Reg 9LW783 came back as a 2006 Black Buick Terraz, registered to Mirna Espinal, of 12 Delford St. Roslindale Ma. 02131. I attempted to contact Espinal with negative results. Citation #T1442113 was mailed to Espinal for MGL 90/24 Leaving The Scene?Property Damage.

Lacamera stated that there was damage to the right rear of her M/V.

(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

[illegible]

| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

|                                    |           |            |                      |                   |            |
|------------------------------------|-----------|------------|----------------------|-------------------|------------|
| STEVEN C EMMANUEL                  |           |            | NEWTON POLICE DEPT#3 |                   | 07/15/2019 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department           | Precinct/Barracks | Date       |
| CDP1 11 :24:00                     |           |            |                      |                   |            |