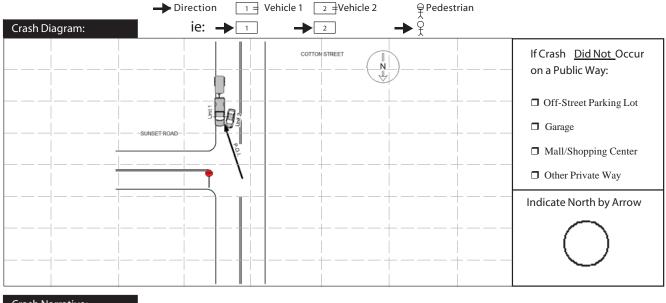
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Docur	ment Number	
	Date of Crash 09/24/2019	Time of Crash 08:35	City/Tow NEWTON	MIOTOI		icle Cra	ısh [	Number Vehicles			ed Limi		State Police Local Police MBTA Police	, XI
		24HR				Report		2	0		ngitude_		Other:	
		AT INTER	SECTION:	< I	LOCA	ΓΙΟΝ	>		NC	T AT	INT	ERSE	CTION:	
	WES	т сотто	N ST											
1 1	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on Ad	dress #		Na	ame of I	Roadway	/Street	2
SOUTH SUNSET RD				L		Feet [	N S E	W of			•	— or		
	Route# Direc	etion N	lame of Intersecting		<u> </u>	Fast [3	N S E	W ac	Mile	Marker			Exit Number	_
-			Also at Interse	ction with	ľ			_	Rout	e#	Intersec	ting Roa	idway/Street	-  -
2 <b>1</b>	Route# Direc	tion	Name of Intersect	ing Roadway/Street	l·	Feet	N S E	W of						4
3						Landmark								
	X Vehicle 1	#Occupants	Hit/Run	Moped Case N	Number		19	00000973	3					
	License#		St	_ DOB/Age	Reg#	NBROS3			Reg	ype_CC	OV	Reg	State MA	_
	Sex Lic.	Class 18 13	Lic. Restrictions	CDL	Veh Year 2017 Veh Make DODGE Veh Config. 8 20									
4	Operator	Last	First	Endorsment	Owner	NICOLAZZO	BROS	L	First			Middle		- 1
1				Middle	Addres	ss 183 WEBSTE	ER ST		1 1151			iviluult	-	_
	City		State	eZip	City N	NEWTON					State	MA	Zip <u>02465</u>	_
	Insurance Com	surance Company_ARBELLA					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)							
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event	Sequence 2	22 22	22	22	2	3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	23				9	$\langle      $	10 Undercar 5 11 Totaled	rriage
	Violation	1: ChSec	Violation 2	:: ChSec	Driver	Contributing Co	ode 1	24	24			$\bigvee$	3 11 Totaled	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation 4	: ChSec	Under	ride/Override	25	Towe	ed N	3	7		6	
	Please fill out for operator and all occupants involved						S	26 27 Seat Safety		29 3 rbag Ejec	0 31 Et Trap	32 Injury Tra	33 ansp.	ility 2
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex F	os. \$ysten	Status Sv	vitch Cod	e Code	Status Co	ode Medical Faci	ility
	1													
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 1 # Occupants	Non-Motorist A Type	e 1	4 Action 1	Loca	ition	16 Cor	ndition	17	Пні	it/Run	ped
	License#St MA DOB/Age				Reg # 1LV825				Reg	_Reg Type_PAN Reg			g State_MA	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2004 Veh Make HONDA Veh Config. 1								
<sup>8</sup> <b>1</b>	Operator MILENDORF MARIA  Last First Middle  Middle				Owner (Same as operator)  Last First Middle								_	
1	Address 314 FANEUIL ST (apt. 3)					Address								_
	City BRIGHTON State MA Zip 02135					City State Zip								_
	Insurance Company GOVT EMPLOYEE					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 2 22 22 22 22 20 0 4								
	Citation # (If I	itation # (If Issued)					Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled							rriage
	Violatio	n 1: ChSe	Driver Contributing Code 99 24 24 1 5 11 Totaled											
	l	n 3: ChSe	Underride/Override 25 Towed Y 8 7 6											
	Pl	ease fill out for		occupants involved				26 27 Seat Safety	28 Airbag A	29 30 rbag Ejec	0 31 Trap		33 ansp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB		Pos. System	m Status S	witch Co	de Code		Code Medical Fac	cility
	Орегают/			500 / 100VC				77	7 1	.  0	U	10 1		
		<u></u>		· · · · · · · · · · · · · · · · · · ·										

Route# Direction  Route# Direction  Route# Direction  Vehicle  License#  Sex Lic. Clas Operator Address  City Insurance Company	Name of Inters  Also at  Name of Inters  Also at  White  Also at  Name of Inters  Also at  Name of Inters  Also at	me of Roadway/Street At  secting Roadway/Street Intersection with  stersecting Roadway/Street  DOB/Age ictions  OCI En	Police LOC  Street  ed  Reg DL Veh adorsment	Report ATION >  Route# Direction A  Feet NS F  Feet NS F	ddress #  W of	Name of Romarker  Intersect  Langitude	Coadway/Street  Tor  Extring Roadway	et kit Number			
Route# Direction  Route# Direction  Route# Direction  Vehicle  License #  Sex Lic. Clas  Operator  Address  City  Insurance Company	Name of Inters  Also at  Name of Inters  Also at  Hit/F  S  S  S  S  S  I8 18 18 Lic. Restri	ne of Roadway/Street At  Secting Roadway/Street Intersection with  Stersecting Roadway/Street  DOB/Age ictions  Tobal Control of the Control	<ul> <li>LOC</li> <li>eet</li> <li>Street</li> <li>ed</li> <li>Reg</li> <li>DL Veh</li> <li>bdorsment</li> </ul>	ATION >  Route# Direction A  Feet N S F  Feet N S F	ddress #  W of	Name of Roman Arker  Intersect  Lan	Coadway/Street orEx ting Roadway	et			
Route# Direction  Route# Direction  Route# Direction  Vehicle  License #  Sex Lic. Clas  Operator  Address  City  Insurance Company	Name of Inters Also at  Name of Inters  Also at  Name of Inters  Lic. Restri	ne of Roadway/Street At  Secting Roadway/Street Intersection with  Stersecting Roadway/Street  DOB/Age ictions  Tobal Control of the Control	Street  ed  Reg  DL Veh  dorsment	Route# Direction A  Feet NS F  Feet NS F	ddress #  W of	Name of Ro	orEx	et kit Number			
Route# Direction  Route# Direction  Vehicle  License #  Sex Lic. Clas  Operator  Address  City  Insurance Company	Name of Inters  Also at  Name of Inters  Also at  Name of Inters  Name of Inters  Lic. Restri	At secting Roadway/Stree Intersection with stersecting Roadway/Stree Months and Months a	Street  ed Reg  DL Veh  dorsment	Feet NS F	Mile Model Mile Model Mo	• c Marker Intersect Lan	Exting Roadway	xit Number			
Route# Direction  Route# Direction  Vehicle  License #  Sex Lic. Clas  Operator  Address  City  Insurance Company	Name of Inters  Also at  Name of Inters  Also at  Name of Inters  Name of Inters  Lic. Restri	At secting Roadway/Stree Intersection with stersecting Roadway/Stree Months and Months a	Street  ed Reg  DL Veh  dorsment	Feet NS F	Mile Model Mile Model Mo	• c Marker Intersect Lan	Exting Roadway	xit Number			
Route# Direction  Vehicle  License #  Sex Lic. Clas Operator  Address  City Insurance Company	Also at  Name of In:  #Occupants  Hit/F  S  S  18 18 Lic. Restri	secting Roadway/Stree Intersection with  stersecting Roadway/Stree  Run Mope St DOB/Age ictions 19 CT En	Street  ed  Reg  DL Veh  dorsment	Feet NSF	Mile M  Mile M  Routes	Aarker Intersect Lan	Ex ting Roadway				
Route# Direction  Vehicle  License #  Sex Lic. Clas Operator  Address  City Insurance Company	Also at  Name of In:  #Occupants  Hit/F  S  S  18 18 Lic. Restri	Intersection with  Attersecting Roadway/S  Run Mope  St DOB/Age _ ictions CI En	Street  ed  Reg  DL Veh  dorsment	Feet N S F	Mile M  Mile M  Routes	Aarker Intersect Lan	Ex ting Roadway				
License # Lic. Clas Operator La Address City Insurance Company	Name of In: #Occupants Hit/F  S  S  S  S  S  I8 18 Lic. Restri	Run Mope  St DOB/Age _ ictions CI	ed Reg	Feet N S F	Route#	Lan	ndmark	//Street			
License # Lic. Clas Operator La Address City Insurance Company	#Occupants Hit/F  S S S S S I8 18 Lic. Restri	Run Mope  St DOB/Age _ ictions CI En	ed Reg	#	Reg Ty						
License # Lic. Clas Operator La Address City Insurance Company	#Occupants Hit/F  S S S S S I8 18 Lic. Restri	Run Mope  St DOB/Age _ ictions CI En	ed Reg								
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Sex Lic. Clas Operator La Address City Insurance Company	SS 18 18 Lic. Restri	ictions CI	DL Veh			r					
Operator  Address  City  Insurance Company	usst First	En	ndorsment	, roui , r	h Make		Veh Config	20			
Address  City  Insurance Compan			Middle	ner							
City Insurance Compan				nerLast			Middle				
Insurance Compan		State 7in		Address							
1	J			City State Zip  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
	rection: NSEW			22	22 22 22 2	Ü	,				
_		responding to Emer		ent Sequence	3			10 Undercarriage			
,	ch Sac Viol	lation 2: Ch		st Harmful Event	24 24	<b>←</b>   9		11 Totaled			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code											
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed											
Name (Last First M		1	Address	Age/DOB Sex	Pos. System Status Swit	9 30 31 ag Eject Trap I ch Code Code S	32 33 Injury Transp. Status Code	Medical Facility			
Operator		See	e Above								
Please Select One	Dyskisk #0		Antoniot A. T.	14 15 1	16	17					
of the Following:	Vehicle# Occi	upants Non-M	Notorist A Type 97	Action 3 Lo	cation 5 Cond	1 1	Hit/Ru	n Moped			
License #		StDOB/Age	Reg	g#	Reg Ty	pe	Reg State	20			
Sex_M_ Lic. Class 18 18 Lic. Restrictions 19 CDL				YearV							
Operator MARASCIA ANTHONY  Last First Middle				Owner Last First Middle							
Address 42 OAK	AVE			Address							
City NEWTON		State_MAZip_0	02465 City	CityStateZip							
Insurance Company	у		Vel	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Dire	ection: NSEW	Responding to Eme	ergency? Eve	Event Sequence 22 22 22 2 3 4							
Citation # (If Issue	ed)		Mos	Most Harmful Event 23 10 Undercarriage 5 11 Totaled							
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Violation 3:	ChSec Vio	olation 4: ChS	Sec Unc	Underride/Override Towed 8 7 6							
	e fill out for operator an				26 27 28 2 Seat Safety Airbag Airb	9 30 31 ag Eject Trap I	32 33 Injury Transp.				
Name (Last First M Operator/Nor		1	Address Above	Age/DOB Sex	Pos. System Status Sw	tch Code Code	Status Code	Medical Facility NONE			
FILLEDITO	<del></del>										



## Crash Narrative:

On the above date and time I responded to Cotton Street at Sunset Road for a report of an MVA without injuries. I spoke with the operator of MV#2 who stated she hit the left front wheel of MV#1 with the passenger side of her vehicle. MV#2 had front passenger side damage and a flat front tire. The operator of MV#2 had a private tow company come to remove the vehicle from the roadway. MV#1 appeared to have no visible damage, was parked, and unoccupied. I spoke with Anthony Marascia who was in possession of MV#1 but not operating it at the time. Mr. Marascia stated he was landscaping across the street when he heard a loud bang and noticed the accident. Mr. Marascia also stated he did not see any damage to MV#1. He notified the owner of MV#1 about the accident.

Witnesses:										
Name (Last, First, Middle)		Address				Phone #		Statement		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	jed Property			
Truck and Bus Information:  Registration # NBROS3 (From Vehicle Section)  Carrier Name Carrier Issuing Authority Code										
Address			City			St	Zip			
US DOT #:S	State Number		Issuing State	ICC #:_			_ Interstate	36		
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: G4035 Reg Type TRN Reg State MASSAC Reg Year 2002 Trailer Length 97										
Hazmat Information:										
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit#		Release code	42		

MATTHEW C TOCCI		1	NEWTON POLICE DEPARTM		09/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date