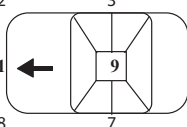
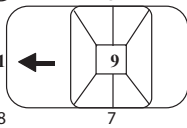


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/24/2019		Time of Crash 08:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>WEST COTTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH SUNSET RD</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000973							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA				Reg # NBROS3 Reg Type COV Reg State MA Veh Year 2017 Veh Make DODGE Veh Config. 8 20 Owner NICOLAZZO BROS L Address 183 WEBSTER ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 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 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 MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MILENDORF MARIA Address 314 FANEUIL ST (apt. 3) City BRIGHTON State MA Zip 02135 Insurance Company GOVT EMPLOYEE				Reg # 1LV825 Reg Type PAN Reg State MA Veh Year 2004 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 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													

Commonwealth of Massachusetts

Police Use Only			<h2>Motor Vehicle Crash Police Report</h2>				RMV Document Number								
Date of Crash	Time of Crash 24HR	City/Town					Number Vehicles	Number Injured	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				9				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> of _____ • _____ or _____ Mile Marker Exit Number				10				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> of _____ Route# Intersecting Roadway/Street				Landmark				11				
Route# Direction Name of Intersecting Roadway/Street											12				
<input type="checkbox"/> Vehicle ____#Occupants			<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				13				
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">18</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">18</div> Lic. Restrictions <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">19</div> CDL _____ Endorsment _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">20</div>				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				14				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				15
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				Please Select One of the Following: <input type="checkbox"/> Vehicle ____#Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">14</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">97</div> Action <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">3</div> Location <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">5</div> Condition <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">1</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">17</div> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				16				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				17				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				18
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				Please fill out for operator and all occupants involved				19				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				20				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				21
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				Please fill out for operator and all occupants involved				22				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				23				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				24
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				Please fill out for operator and all occupants involved				25				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				26				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				27
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				Please fill out for operator and all occupants involved				28				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				29				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				30
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				Please fill out for operator and all occupants involved				31				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				32				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				33
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				Please fill out for operator and all occupants involved				34				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				35				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				36
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				Please fill out for operator and all occupants involved				37				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				38				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____			Event Sequence <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">22</div> 2 Most Harmful Event <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">23</div>				Driver Contributing Code <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">24</div> Underride/Override <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">25</div> Towed _____				<div style="text-align: center;">21 Damaged Area Code: (Circle Up to Three)</div> <div style="text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1 ←</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">9</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">8</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">7</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">6</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">5</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">4</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">3</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">2</div><div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">1</div></div> <div style="text-align: right;">10 Undercarriage 11 Totaled</div>				39
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				Please fill out for operator and all occupants involved				40				
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				41				
Vehicle Travel Direction: <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">N</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">S</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">E</div> <div style="display: inline-block; border: 1px solid black; padding: 0 2px;">W</div> Responding to Emergency? _____															

→ 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 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	Description of Damaged Property

Truck and Bus Information:

Registration # NBROS3 (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: G4035 Reg Type TRN Reg State MASSAC Reg Year 2002 Trailer Length 97 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

MATTHEW C TOCCI

NEWTON POLICE DEPT

09/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date