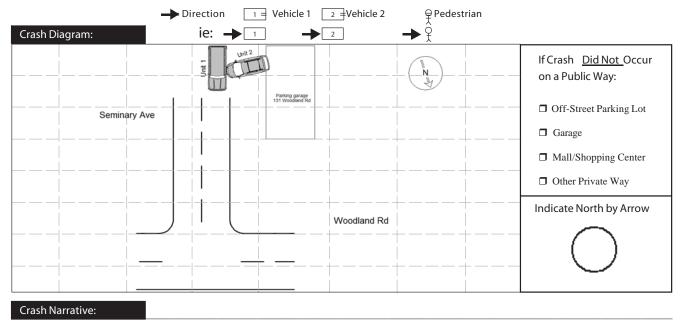
Date of Crash 12/06/2019
AT INTERSECTION:    AT INTERSECTION:   CATION   NOT AT INTERSECTION:
Route   Direction   Name of Roadway/Street   Route   Direction   Name of Roadway/Street   Also at Intersection with   Feet   N   E   W   of   Mile Marker   Exit Number
Route# Direction Name of Roadway/Street At  At  Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Mile Marker or Exit Number  Feet NSEW of Number 1900001252  To White Action Prior to Crash 121 Damaged Area Code: (Circle Up to Three)  Feet NSEW of Numb
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street    Feet   N   S   E   W   of   Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  3 Peet NSEW of Route# Intersecting Roadway/Street  Landmark  Landmark  1900001252  License # — St. MA DOB/Age — Reg # 5LEH4 Reg Type PAN Reg State MA Sex. M. Lic. Class D 18 I8 Lic. Restrictions 1 19 CDL Veh Year 2017 Veh Make FORD Veh Config. 2 20 Over LASELL FOLICE  Last Ross First Middle Address 1844 COMMONWEALTH AVE  City NEWTON State MA Zip 02466 Vehicle Travel Direction: X S E W Responding to Emergency? Notation 1: ch. Sec Violation 2: Ch. Sec Driver Contributing Code 1 24 24 24 Notation 1: Ch. Sec Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override Driver Contributing Code 1 24 24 25 11 Totaled  Please fill out for operator and all occupants involved Nome Last First Middle) Address AgeDOB Sec No. Sec Sec Note Notation 4: Ch. Sec Underride/Override Driver Contributing Code 1 24 24 25 11 Totaled Nome Nome Code State Notation Sec Notation 4: Ch. Sec Underride/Override Driver Contributing Code 1 24 25 11 Totaled Nome Nome Notation Sec Notation 4: Ch. Sec Underride/Override Driver Contributing Code 1 24 25 11 Totaled Nome Nome Notation Sec Notation 4: Ch. Sec Underride/Override Driver Contributing Code 1 24 25 11 Totaled Nome Nome Notation Sec N
Feet NSEW of Intersecting Roadway/Street    See Number   Name of Intersecting Roadway/Street   NSEW   Intersecting Roadway/Street
Address 1844 COMMONWEALTH AVE    State MA   Zip   02466   City   NeWTON   State MA   Zip   02466   NewTon   NewTon
Source   Delection   Name of microscening Rosaway/sidece   Landmark   1900001252
Sex M   Lic. Class   D   18   18   Lic. Restrictions   1   19   CDL   Veh Year 2017   Veh Make   FORD   Veh Config.   2   2   2   2   4   Class   D   18   18   Lic. Restrictions   1   19   CDL   Veh Year 2017   Veh Make   FORD   Veh Config.   2   2   2   2   2   4   Class   D   18   Config.   2   2   2   2   2   2   2   2   2
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2017 Veh Make FORD Veh Config. 2 20  Operator MANDEL ROSS Owner LASELL POLICE  Address 1844 COMMONWEALTH AVE  City NEWTON State MA Zip 02466 City NEWTON State MA Zip 02466  Insurance Company PHILADELPHIA INDEMNITY  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 99 22 22 22 23 3 4  Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 1 23  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Driver Contributing Code 1 24 24  Please fill out for operator and all occupants involved Name (Last First Middle) Address AgerDos Sec Seat Safety Arthog Arthog English Transp Injury Transp Name (Last First Middle) Address See Above Note of the Address See Address See Note See Address See A
Sex M Lic. Class D Lic. Restrictions 1 CDL Operator MANDELL ROSS Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  City NEWTON Insurance Company PHILADELPHIA INDEMNITY  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Veh Config. 2  Owner LASELL POLICE  Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  Vehicle Action Prior to Crash  To Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 99 22 22 22 22 22 22 22 23 3 4 10 Undercarriage  Operator Wiolation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age Dob Sex
Operator MANDELL ROSS  Last First Middle Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  Address 1844 COMMONWEALTH AVE  City NEWTON State MA Zip 02466  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 99 22 22 22 22 23 3 4 10 10 Undercarriage  First Middle Address Sec Violation 2: Ch Sec Underride/Override Driver Contributing Code 1 24 24 24 8 0 6 3 11 Totaled  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age-DoB Sex Sec Suppose System Status Switch Code Status Code Medical Facility  Please Select One Name (Last First Middle) Sec Above Sec Above System Status Switch Code Status Code Medical Facility 1 Action 15 Location 16 Condition 17 D Hit/Run D Moned
Address 1844 COMMONWEALTH AVE  City NEWTON State MA Zip 02466  City NEWTON State MA Zip 02466  Insurance Company PHILADELPHIA INDEMNITY  Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sec System Status Switch Code Code Status Code Medical Facility  Please Select One X Webicle 2: 1 # Occupants   Department of Type   14 Action   15   Location   16 Condition   17   Department of Type   18   Department of Type   19   Department of Type   10   Department of Type   10   Department of Type   10   Department of Type   14   Action   15   Department of Type   17   Department of Type   18   Department of Type   19   Department of Type   10   Department of Type   Department of
Insurance Company PHILADELPHIA INDEMNITY  Vehicle Action Prior to Crash  Vehicle Travel Direction: X E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Diriver Contributing Code 1 24 24 24  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)  Age/DOB Sex
Vehicle Travel Direction: XSEW Responding to Emergency? N Event Sequence 122 99 22 22 22 23 4  Citation # (If Issued) 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 N 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Address Sec Above Age/DOB Sex System Status Switch Code Code Status Code Medical Facility 17  Please Select One X Webicle 2.1 # Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 D Hit/Run Moned
Veince Fraver Direction:    X   E   W   Responding to Enlergency:   Event Sequence   1   99
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24
Violation 1: ChSec Violation 2: ChSec Underride/Override
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  1  Operator  See Above  Please Select One  Webicle 2 1 # Occupants  Non-Motorist A. Type  Agriculture  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Please Select One  Webicle 2 1 # Occupants  Non-Motorist A. Type  Agriculture  Agriculture  Agriculture  14 Agriculture  Agriculture  15 Location  Agriculture  16 Condition  17 Delit/Rup Delity Rup  Moned
Operator See Above
Operator See Above
Y Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moned
Y Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moned
Y Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moned
Y Vehicle 2 1 # Occupants Non-Motorist A Type Action Location Condition Hit/Run Moned
License # St MA DOB/Age Reg # 959SD7 Reg Type PAN Reg State MA
Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL Veh Year 2009 Veh Make_TOYOTA Veh Config. 2
8 Operator SURICHAQUI EDUARDO Owner (Same as operator)
1 Last First Middle Last First Middle Address 27 ANDOVER RD (apt. 2) Address
City BILLERICA State MA Zip 01821 City State Zip
Insurance Company PROGRESSIVE DIRECT  Vehicle Action Prior to Crash  4 21  Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S W Responding to Emergency? Event Sequence 1 22 99 22 22 22 2 3 4
Citation # (If Issued) T1268432 Most Harmful Event 1 23
Violation 1: Ch_89/8 Sec Violation 2: ChSec Driver Contributing Code 4 24 99 24
Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved    26   27   28   29   30   31   32   33     Seat Safety Airbag Airbag Eject Trap Unjury Transp.
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility  Operator/Non-Motorist  See Above



Operator #1 states he was driving northbound on Seminary Ave in MA reg 5LE114 (vehicle #1), when he was t-boned on the driver's side by MA reg 959SD7 (vehicle #2). Operator #2 states that he was attempting to turn left out of the Arnow Campus Center parking garage and did not see vehicle #1 approaching from the right. It should be noted that the physical address of the parking garage appears to be 131 Woodland Rd, however the collision occurred on the Seminary Ave side.

All parties declined medical attention and no tows were needed. Vehicle #1 sustained significant damage along
the driver's side doors. Vehicle #2 has moderate front end damage.

Operator #2 was issued Ma citation T1268432 in hand for Failure to Yield to Oncoming Traffic. 131 Woodland Rd will be the address used in documenting this crash.

Witnesses:									
Name (Last, First, Middle)		Address			Phone #		Statement		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type Description of Dama			ed Property		
Truck and Bus Information:  Registration #									
Address			City St Zip						
US DOT #: State Number			_ Issuing State	Issuing State ICC #: Interstate 36					
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	Material 4 digit # Release code 42					42			
•									