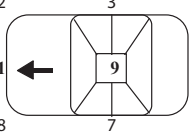
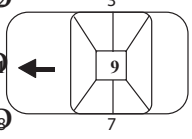


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/17/2019		Time of Crash 05:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 38 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____								2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001295						3	
License # _____ St MA DOB/Age _____ Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL X Endorsment Operator MILAMBO ROGER Address 20 KNOX ST City LAWRENCE State MA Zip 01841 Insurance Company COMMERCE				Reg # S25585 Reg Type CON Reg State MA Veh Year 2016 Veh Make AUTOCAR Veh Config. 97 20 Owner TCF NATIONAL BAN Address 11100 (apt. 801) WAYZATA City MINNETONKA State MA Zip 55305 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved				1									
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													
ZRAKET, MARK													
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 M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CARVER RICHARD D Address 5 DUDLEY RD City NEWTON State MA Zip 02459 Insurance Company ALLAMERICA FINANCIAL BENEFIT				Reg # S13628 Reg Type CON Reg State MA Veh Year 2016 Veh Make CHEVY Veh Config. 2 20 Owner HUB GLASS SERVIC Address 216 MCGRATH HWY City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved				1									
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													

→ 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:**

At approximately 0500HRS on Tuesday, December 17, 2019, I was dispatched to a 2 vehicle MVA in front of 38 Commonwealth Ave. Upon arrival, I spoke with the operator of MV1 (MA CON: S25585) who stated that he attempted to back up his vehicle (Westbound) and accidentally struck MV2 because he was not able to see it in his mirror. Upon speaking to the operator of MV2 (MA CON: S13628), he stated he was traveling Eastbound as MV1 was backing up. He then stopped MV2 and when MV1 did not, he activated his horn which had no effect and MV1 backed into him. I observed MV1 to have no discernable damage. I observed MV2 to have sustained damage to its front bumper, grille, hood, passenger's side fender and both head lamps. MV1 had a single passenger who reports he did not witness event in question, as he was focused on eating at the time. No one involved reports any injuries. I cleared without incident.

**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 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 #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

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

CHRISTOPHER G HOWES	38804	NEWTON POLICE DEPART	12/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00