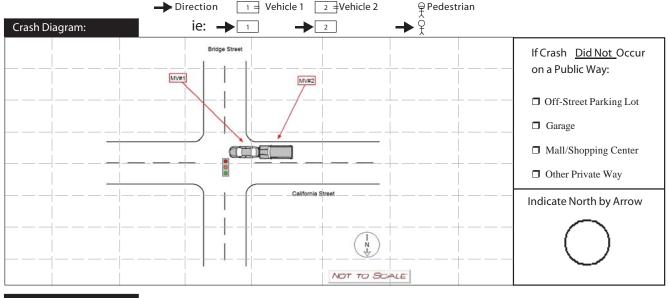
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Docui	ment Number	
	Date of Crash 12/17/2019	Time of Crash	City/Tov NEWTON	Motor	Veh	icle Cra	sh	Number Vehicles			eed Limi		State Police Local Police MBTA Police	□ Xì
	12/17/2019	14:02 24HR	NEWTON	Pol	lice 1	Report		2	0	- 1	ngitude_		MBTA Police Other:	
		AT INTER	RSECTION:	< I	LOCA	ΓΙΟN :	>		NC	TA TO	INT	ERSE	CTION:	2
	NOR	TH BRIDG	E ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of l	Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	$ 2^1$
_	At EAST CALIFORNIA ST				Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Number							Exit Number	_
						Feet N S E W of Route# Intersecting Roadway/Street								-   1
<sup>2</sup> <b>3</b>						Feet NSEW of								
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
<sup>3</sup> <b>2</b>	XVehicle1	1_#Occupants	Number		19	00001300	)							
	License#		St MA	DOB/Age	Reg#	758D			Reg	Гуре_ST	ΓN	Reg	State_MA	
	Sex_M Lic.	Class D 18 18	8 Lic. Restrictions	19 CDL	_	ear_2016	Veh	Make F	_			_ Veh Co	20	
4	Operator KH		DJANO	V Endorsment		FOREIGN AU	JTO IM							- 1 <sup>1</sup>
3	Address 72 OI	Last	First	Middle		Las 149 ARSENA			First			Middle	e	_   1
	City WATER		Sta	e_MA Zip_02472	City WATERTOWN State MA Zip 02472								_	
	Insurance Company TRVELERS' INS					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction: N	S X W Respo	onding to Emergency? N	Event	Sequence 1 2	22 22	22 1		2	3		4	
1		ssued)			Most I	Harmful Event	1 23						10 Undercar	riage
	Violation	1: ChSec	Violation	2: ChSec	Driver Contributing Code 97 24 24 1 9 11 Totaled									
<sup>6</sup> 7	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	ed N	8	7		6	
		fill out for opera	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							1				
	Name (Last Fir	Name (Last First Middle)         Address           Operator         See Above				Age/DOB	Sex P	os. \$ystem	Status Sv	vitch Coo	de Code	\$tatus   Co	ode Medical Facil	lity 1
7														
2	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	tion	16 Cor	ndition	17	Ні	it/Run Mor	oed
			St_MA	DOD/A	Reg # 47ME49 Reg Type PAN Reg S						State MA	-		
	18 18 19					NOTHO						20	-	
8	ı	Endorsment					Veh Year 2011 Veh Make VOLVO Veh Config. 1  Owner (Same as operator)							
<sup>8</sup> <b>1</b>	Operator         VICENTE         ERIN         D         Endosment           Last         First         Middle           Address         79 HARNDEN AVE					Last First Middle								_
	City WATER	Address  City State Zip								-				
	Insurance Com		51a	e MA Zip 02472			Crach	1 1	21	Damag			Circle Up to Thr	ree)
	Vehicle Travel Direction: NSWW Responding to Emergency?N					venicie Action Prior to Crasn 1 1 22 22 22 3 4								
	Citation # (If I		Most Harmful Event 1 23 10 Undercarriage  Driver Contributing Code 5 24 24 5 11 Totaled								riage			
	,	n 1: ChSe												
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		ease fill out for	26   27   28   29   30   31   32				33 ansp.							
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	m Status S	Switch Co	ode Code		Code Medical Fac	ility
	Орегатоп	1 1011-1410101131		See Above				1	**   4	1 0	U	10 1	-	
										+				



## Crash Narrative:

MV#1 was traveling east on California Street when it was struck by MV#2.

-OpMV#1 stated he was traveling east on California Street; he observed the yellow light and began to slow down. He stated he stopped and then he was rear ended. He did not report any injuries at the time of the collision.

-OpMV#2 stated she was traveling east on California Street when MV#1 suddenly stopped and she struck MV#1. He did not report any injuries at the time of the collision.

-I observed the damage to both vehicles. I observed the rear bumper of MV#1 was cracked, scratched and displaced from the frame. I also observed the trunk door was compressed in, and damaged. I next conducted an exterior damage of the MV#2 and I observed damage to the front bumper of MV.

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address		Phone #	Phone #					
Property Damage:					·					
Owner (Last, First, Middle)	Phone # 34-Type Description of Dama				ged Property					
Truck and Bus Information: Registration # (From Vehicle Section)  Carrier Name Carrier Issuing Authority Code										
Address City S						Zip				
US DOT #:	State Number		Interstate	36						
Cargo Body Type Code 37 Gross Vehicle Weight 38 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Release code								

	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	₽Ĝ		
					If Crash <u>Did No</u> on a Public Way:	
					☐ Off-Street Park	in a Lat
						ing Lot
	- — —   — — — —	_			☐ Garage	
	· — — — — — —				☐ Mall/Shopping	
					☐ Other Private W	
					Indicate North by	/ Arrow
						i
		 -				'
				İ		
Crash Narrative:						
-No injuries were report	ted at the scene	. Both vehicle	es were towed	from the	scene and neither operato	ors were
cited.						
Witnesses:		Address			Dhana II	Chahamanah
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			DI "	24.7	D : :: (D	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration # _		(From Vel	hicle Section)		35
Carrier Name					Carrier Issuing Authority C	Code
Address			City		St Zip	26
	State Number	38	Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			20	<u></u>
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:	41					42
Placard Material 1 dig	git # Material 1	Name		_ Material 4 d	ligit # Release code	72
DAVID A CALDEDON						7/2010
DAVID A. CALDERON			NEW	TON POLICE DEPARTM	12/17	7/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)