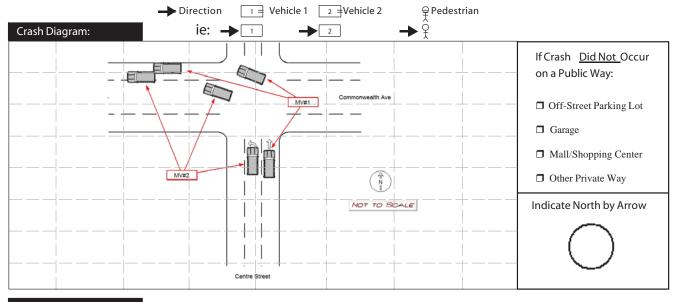
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	Date of Crash 12/20/2019	Time of Crash	City/ NEWTON	Town	Mo			icle Cra	sh		nber	Num			Limit		SL	tate Police ocal Police ABTA Police	XI
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	NOR	TH CENTR	E ST																
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	City BRIGHTO			State MA	7in 02135												Zin		-
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5	•		C D W D	1.					22 2		1		Ð		3		4		
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⁶ 1		3: ChSec					Underri	ide/Override] 1	Towed	<u>N</u>							
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					_			[armful Event	1 -	2	4	24	1	-	9		5	11 Totaled	
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ļ		n 3: ChSe					Underri	ide/Override		T	owed_	<u>N</u>		30	31	32	33	T	_
	Ple Name (Last Fir	ease fill out for	operator and	all occupa	ants involved Addres			Age/DOB	Sex		27 Safety A System	28 irbag A Status	29 irbag Switch	Eject Code	Trap 1 Code	32 Injury Status	Transp Code	Medical Faci	ility
	Operator/1	Non-Motorist			See Abov	ve .					1 4	1	4	0	0	10	1		
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ŀ	GALLIVAN, C		:	NEWTON, 95 NEVAD	, MA 02466	AVE							4	0		10 10	1		



Crash Narrative:

Mv#1 was traveling north on Centre Street when it was involved in an argument with Mv#2, resulting in the motor vehicles colliding(ref inc 19055516).

- -OpMv#1 stated that after the confrontation Mv#2 cut him off striking his vehicle.
- -OpMv#2 stated that after the confrontation Mv#1 was trying cut him off striking his vehicle.
- Mv#2 Pass1 and Mv#2 Pass2 statements coincide with those made by OpMv#2.

-Wit#1 he observed Mv#1 and Mv#2the at the intersection of Commonwealth Street and Centre Street. Mv#1 on the right lane and Mv#2 on the left turning lane. He stated the parties exchanging words at the intersection and a few minutes both parties spat on each other's vehicles. When the traffic control light changed he observed Mv#2 speed off and Mv#1 suddenly changed lanes after it. They stated that they observed that when both

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	111 BROOK RD		
GALIO, JARED,	QUINCY,MA 02169		N
	111 BROOK ROAD		
GILMARTIN , JOSHEPH,	QUINCY,MA 02169		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT#:S		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

•	Direction 1	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestrian	
Crash Diagram:	ie: →□	1 -	2	→ ĝ	
	 				If Crash <u>Did Not</u> Occur on a Public Way:
					Off-Street Parking Lot
					Garage
	į		į		☐ Mall/Shopping Center
					Other Private Way
					Indicate North by Arrow
Crash Narrative:					
	alth Avenue Mv#2	cut off Mv#1	, causing th	ne vehicles co	ollided. Mv#1 threw a cup of
coffee at Mv#2. Wit#1 and	d Wit#2 stated t	they interver	ned and de-es	calated the	situation until police arrived.
- None of the parties rep	ported injuries	to them at th	ne scene not	either vehic	le was towed. Op MV#1 was cite
for Reckless Operation Ch	n 90s24. (Cit#20)79508) by su	ddenly chang	ging lanes and	d cutting across the
intersection to follow M	1v#2. Op MV#2 (C	cit#2079507) v	as cited bec	cause his driv	ving caused the collision
by shifting lanes with ou	ıt signaling, cu	tting off MV	1.		
\\/'\					
W itnesses: Name (Last, First, Middle)		Address			Phone # Statemer
Traine (East, 111st, Middle)		ridaress			Thore " Statemen
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property
Truck and Bus Information:	Registration #		(From \	Vehicle Section)	3
Carrier Name					Carrier Issuing Authority Code
Address			City		
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 G	ross Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39
Hazmat Information:	41	_			
Placard Material 1 digi	t # Material N	Name		Material 4 digi	t# Release code
DAVID A. CALDERON				EWTON POLICE DEPARTM	12/20/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)