

|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |
|---|--|----------------------------------|-------------------------------|--|--|--|---------------------|----------------------|---------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |  |  |  | RMV Document Number |                      |                     |   |  |  |  |
| Date of Crash<br>01/29/2020   |  | Time of Crash<br>21:49<br>24HR   |                               | City/Town<br>NEWTON                            |  | Motor Vehicle Crash<br>Police Report                           |                     | Number Vehicles<br>2 | Number Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                  |                               | < LOCATION >                                   |  | NOT AT INTERSECTION:   |                     |                      |                     |   |  | 9  |  |
| HOMER ST  |  |                                  |                               |  |  |  |                     |                      |                     |   |  | 2  |  |
| Route# Direction Name of Roadway/Street   |  |                                  |                               | At   |  | Route# Direction Address # Name of Roadway/Street              |                     |                      |                     |   |  | 10   |  |
| WALNUT ST   |  |                                  |                               |  |  | Feet N S E W of _____ Mile Marker _____ Exit Number _____      |                     |                      |                     |   |  |  |  |
| 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 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped                 |  | Case Number 2000000110   |                     |                      |                     |   |  |  |  |
| License # --- St MA DOB/Age ---   |  |                                  |                               | Reg # 6PJ630 Reg Type PAN Reg State MA         |  |  |                     |                      |                     |   |  |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |                                  |                               | Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 |  |  |                     |                      |                     |   |  |  |  |
| Operator FOUNTAIN RICHARD   |  |                                  |                               | Owner (Same as operator)                       |  |  |                     |                      |                     |   |  | 12   |  |
| Address 4 KURTS PL  |  |                                  |                               | Address _____                                  |  |  |                     |                      |                     |   |  |  |  |
| City TAUNTON State MA Zip 02780   |  |                                  |                               | City _____ State _____ Zip _____               |  |  |                     |                      |                     |   |  |  |  |
| Insurance Company PROGRESSIVE DIRECT  |  |                                  |                               | Vehicle Action Prior to Crash 2 21             |  | Damaged Area Code: (Circle Up to Three)                        |                     |                      |                     |   |  |  |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? N  |  |                                  |                               | Event Sequence 1 22 22 22 22                   |  | 2 3 4 10 Undercarriage 11 Totaled                              |                     |                      |                     |   |  |  |  |
| Citation # (If Issued) _____  |  |                                  |                               | Most Harmful Event 1 23                        |  | 1 2 3 4 5 6 7 8 9 10 11 12 13                                  |                     |                      |                     |   |  |  |  |
| 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                  |  |  |                     |                      |                     |   |  |  |  |
| Please fill out for operator and all occupants involved   |  |                                  |                               |  |  |  |                     |                      |                     |   |  | 13   |  |
| 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   |  |                                  |                               |  |  |  |                     |                      |                     |   |  | 1  |  |
| Operator See Above  |  |                                  |                               | -----  |  |  |                     |                      |                     |   |  |  |  |
|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |
|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |
|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---   |  |                                  |                               | Reg # 7PV432 Reg Type PAN Reg State MA         |  |  |                     |                      |                     |   |  |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |                                  |                               | Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20 |  |  |                     |                      |                     |   |  |  |  |
| Operator DELOSSANTOS LIDIA C  |  |                                  |                               | Owner (Same as operator)                       |  |  |                     |                      |                     |   |  |  |  |
| Address 254 WASHINGTON ST   |  |                                  |                               | Address _____                                  |  |  |                     |                      |                     |   |  |  |  |
| City DEDHAM State MA Zip 02026  |  |                                  |                               | City _____ State _____ Zip _____               |  |  |                     |                      |                     |   |  |  |  |
| Insurance Company SAFETY INSURANCE COMPANY  |  |                                  |                               | Vehicle Action Prior to Crash 1 21             |  | Damaged Area Code: (Circle Up to Three)                        |                     |                      |                     |   |  |  |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? N  |  |                                  |                               | Event Sequence 1 22 22 22 22                   |  | 2 3 4 10 Undercarriage 11 Totaled                              |                     |                      |                     |   |  |  |  |
| Citation # (If Issued) _____  |  |                                  |                               | Most Harmful Event 1 23                        |  | 1 2 3 4 5 6 7 8 9 10 11 12 13                                  |                     |                      |                     |   |  |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  |                                  |                               | Driver Contributing Code 19 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) 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   |  |                                  |                               | -----  |  |  |                     |                      |                     |   |  |  |  |
| DELOSSANTOS, JOSUE, ARIAS 254 WASHINGTON ST DEDHAM, MA 02026  |  |                                  |                               | -----  |  |  |                     |                      |                     |   |  |  |  |
|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |
|   |  |                                  |                               |  |  |  |                     |                      |                     |   |  |  |  |

