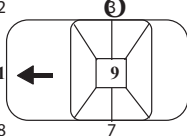
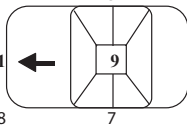


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2020	Time of Crash 11:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 2370 COMMONWEALTH AVE</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000120			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LUONI ANTHONY Address 10 OAK KNOLL RD City NATICK State MA Zip 01760 Insurance Company ARBELLA			Reg # 25WR69 Reg Type PAN Reg State MA Veh Year 2016 Veh Make CHEV Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
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 _____			Event Sequence 97 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 							
Please fill out for operator and all occupants involved			132							
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										
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 NH DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____ Operator RICHARDSON JOSHUA Address 7 OAK ST City EXETER State NH Zip 03833 Insurance Company NO INSURANCE			Reg # 3672310 Reg Type PAN Reg State NH Veh Year 2010 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) T2015308 Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch 90/9/B Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 							
Please fill out for operator and all occupants involved			132							
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										
SEIGEL, BRENDAN 10 OAK ST EXETER, NH 03833										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Av

Auburn St

gas pumps

2370 Commonwealth Ave Speedway Gas

NOT TO SCALE

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:

On 2/3/2020 at approx 1114hrs while assigned to 497 I responded to 2370 Commonwealth Av, The Speedway Gas Station for a report of a two car crash in the parking lot w/o injuries. Upon arrival I met with the owner of Ma Reg 25WR69, Anthony LUONI who stated he was stopped at the gas pump when the operator of Ma Reg 3672310 , Joshua RICHARDSON who was trailering u-haul trailer TX Reg AO37011 backed into him . RICHARDSON admitted he was attempting to back up and align with the gas pump when he accidentally struck LUONIS car. RICHARDSON additionally admitted to having an expired license and registration out of NH and no insurance, RICHARDSON also had a valid rental agreement for the UHAUL trailer TX reg AO37011 with insurance . RICHARDSON was able to re register his van on scene and provided me with an emailed copy of confirmation of registration renewal and his passenger Brendan SEIGAL who had a valid NH license was able to drive . RICHARDSON issued a criminal

(Continued on next page)

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 # 3672310 (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 #: A037011 Reg Type TRL Reg State TEXAS Reg Year 2020 Trailer Length 97 39

Hazmat Information:

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

JO A GOURDEAU

NEWTON POLICE DEPART

02/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

