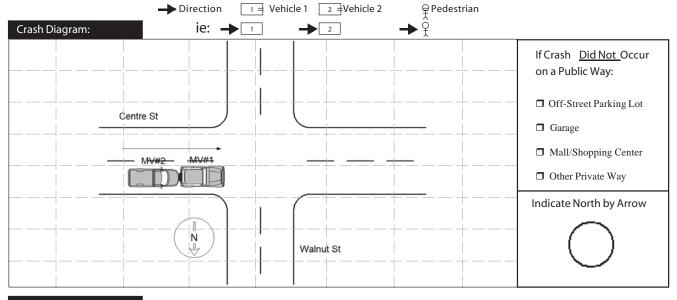
WEST CENTRE ST  Route# Direction  Name of Intersecting Roudway/Street  Also at Intersecting Roudway/Street  Also at Intersecting Roudway/Street  Feet N S E W of  Route# Intersecting Roudway/Street  Landmark  2000000148  License# — Si MA DOB/Age — Reg # U596JD Reg Type PAS Reg State MA  Sex_M Lic. Class D 18 M 18 Lic. Restrictions  J P CDL Veh Year 2001 Veh Make JEEP Veh Config. 2 20  Operator MARCHESINI JARRED S Endorsment  Operator MARCHESINI JARRED S Endorsment  City BEDFORD State MA Zip 01730 City State MA SHINCTON ST  Address 10 Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 22 22 22 22 23 4  Oviolation 1: Ch Sec_ Violation 2: Ch Sec_ Underride/Override Direction 3: Ch Sec_ Violation 4: Ch Sec_ Underride/Override Direction 5: Sec_ Above		Poli	ice Use Only		Comn	nonweal	lth o	of Mass	ach	use	etts			RMV	V Docu	ıment	t Number	
AT INTERSECTION:  NORTH WAINUTST Rouses Direction Alt WEST CEPTER ST Alt Alt Alt WEST CEPTER ST Alt					own	Motor	Veh	icle Cra	ısh							Sta	ate Police	<u> </u>
NORTH   WAINUTST   Name of Rendering/Stocy   Name of Rendering/Stocy   Name of Rendering/Stocy   Name of Rendering/Stocy   Name of Intersecting Rendering/Stocy   Also at Intersecting Rendering/Stocy   Also at Intersecting Rendering/Stocy   Also at Intersecting Rendering/Stocy   Peer   N   E   W   of   Route   Peer   Route   Peer   N   E   W   of   Route   Peer   Route   Peer   N   E   W   of   Route   Peer   Route		02/13/2020		NEWTON		Pol	ice I	Report		1						Ot Ot	BTA Police ther:	
NORTH   WAINUTST   Nume of Roadway/Street   Prod   No.   Nume of Roadway/Street   Also at Intersection With   Prod   No.   Nume of Intersecting Roadway/Street   Also at Intersection with   Prod   No.   Nume of Intersecting Roadway/Street   Prod   No.   No.   Nume of Intersecting Roadway/Street   Prod   No.   No.   No.   Number   Intersecting Roadway/Street   Prod   No.   No.   No.   Number   Intersecting Roadway/Street   Prod   No.   No			AT INTER	SECTION:		< L	OCAT	TION	>			NO	ГАТ	INTI	ERSE	CTI	ON:	
WEST   CENTRE ST   Name of Intersecting Readway/Street   Fort   Name of Intersecting Readway/Street   Fort   Name of Intersecting Readway/Street   Fort   NS   E   W   of   Readed   Intersecting Readway/Street   Z		NOR	TH WALNU	UT ST														F
WEST   CENTRE ST   Name of Intersecting Readway/Street   Fort   Name of Intersecting Readway/Street   Fort   Name of Intersecting Readway/Street   Fort   NS   E   W   of   Readed   Intersecting Readway/Street   Z	1 1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								et	_		
Route* Direction  Name of Intersecting Roudway/Street  Also at Intersecting Roudway/Street  Feet   N. S. F. W of							Feet NSEW of or								-			
Routed   Direction   Name of Intersecting Roadway/Street		Route# Direc	etion N			et	<b> </b>	Feet	NISIE	· w c	of.	WHITE	viaikci			EX	at Number	
Description				Also at Into	ersection with		- [-					Route	#	Intersec	ting Ro	adway	y/Street	-  -
Description	$\frac{2}{3}$	Poute# Direct	tion	Name of Inters	ecting Poodway/S	Etraat	[-	Feet	N S E	<b>W</b> c	of							L
License #	3	Route# Direc	tion	Name of intersecting Koadway/Street			Landmark						4					
Sex M Lic. Class   D   18 M   18 Lic. Restrictions   J   19   DL   Veh Year 2001   Veh Make   FEP   Veh Config.   20    Operator   MARCHESIN1   JARRED   S   Endorstment   Address   10 WASHINGTON ST   Address   10 Undercarriage   10 Undercarriag	3	XVehicle1	2_#Occupants	Hit/Ru	п Море	ed Case N	lumber		2	200000	00148							
Sex M Lic. Class   D   18 M   18 Lic. Restrictions   J   19   DL   Veh Year 2001   Veh Make   FEP   Veh Config.   20    Operator   MARCHESIN1   JARRED   S   Endorstment   Address   10 WASHINGTON ST   Address   10 Undercarriage   10 Undercarriag		License#		St N	1A DOB/Age		Reg# 1	US96JD				Reg T	vpe PA	s	Res	g State	<sub>e</sub> MA	
Operator MARCHISINI   JARRED   Studement   Student   S			18 18	8	19	NI.											20	_
Address   10 WASHINGTON ST	4	1			S En	dorsment										omig.		
City   BEDFORD   State   MA   Zip   01730   City   State   Zip   Damaged Area Code: (Circle Up to Turee)	3	A 11 10 W	Last ASHINGTON S	First T	]	Middle											-	
Insurance Company CITIZENS   Vehicle Travel Direction: N   S   Well   Responding to Emergency? N   Vehicle Travel Direction: N   S   Well   Responding to Emergency? N   Event Sequence   122   222   22   22   22   22   23   4   10 Undercarriage   Vehicle Event Sequence   123   Towed N   S   Well   Violation 1: Ch   Sec   Violation 2: Ch   Sec   Underrido/Override   Vehicle Travel Direction: N   S   Well   Nor-Motorist A   Type   14   Action   Sec   Sec   Vehicle Event Sequence   120   225   Towed N   Sec   Vehicle Travel Direction: N   S   Well   Nor-Motorist A   Type   Nor-Motorist A   Nor-Motorist A   Type   Nor-Motorist A   Type   Nor-Motorist A   Nor-Motorist A   Type   Nor-Motorist A   Nor-Motorist A   Nor-Motorist A   Type   Nor-Moto					MA =: (	1720												-
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Venice lawer Directions   N   N   N   N   N   N   N   N   N	5		. ,				Vehicle				1				Code.	`	е ор ю тик	(20)
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 Address Please fill out for operator and all occupants involved Address AgeDOB Sex Post Sec Driver Contributing Code 1 Address Please fill out for operator and all occupants involved Address AgeDOB Sex Post Sec Sort Sec	1	Vehicle Travel	Direction: N	S E X Re	sponding to Emer	rgency?_N	Event S	Sequence 1			22			$\bigcap$			10 Undargarr	iogo
Violation 1: Ch		Citation # (If Is	ssued)				Most E	Iarmful Event	1 2			1	<b>+</b>	9		1 -		rage
Please fill out for operator and all occupants involved   Age/DOB   Sex   Se	6	Violation	1: ChSec	Violatio	on 2: ChSe	ec	Driver	Contributing C		1	4			<u> </u>	$\sum$	)		
Operator  See Above  Operator  Operator  See Above  Operator  Operator  See Above  Operator  Operator  See Above  Operator  Operator  Operator  See Above  Operator  O	°2	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N											
Operator  See Above  Operator  Operator  See Above  Operator  Operator  See Above  Operator  Operator  See Above  Operator  Operator  Operator  See Above  Operator  O				ator and all occ				Age/DOB	Sex	Seat S	27 Safety A	28 Lirbag Air Status Sw	29 30 pag Ejec	Trap	Injury T	ransp.	Medical Facili	ity
Please Select One of the Following: Wehicle 2 1_#Occupants  Non-Motorist A Type  14   Action  15   Location  16   Condition  17   Hit/Run  Moped  License # —			,															
Please Select One of the Following:    Vehicle 2		CAVALLARO	, JESSICA			1720			F	3	99	4 4	0	0	8	1		
Condition   Cond					EDFORD, WIA 0	1730												
Condition   Cond																		_
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Sex_M_Lic. Class   A	2			2 <u>1</u> #Occupa	nts Non-M	otorist A Type	1		Loc	cation	1	Con	dition	17	□ <sup>⊦</sup>	lit/Ru	n Mop	ed
Sex_M_Lic. Class   A		License#St_MADOB/Age					Reg # US66MP				Reg Type PAS			s	Reg State MA			
Operator MARTIN JAMES V    I		Say M. Lie Class A. M. Lie Postrictions B. CDI					20											
Address 21 DWELLEY AVE  Address 31 DWELLEY AVE  Address 32 Damaged Area Code: (Circle Up to Three)  Bevent Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	8_	Operator MARTIN JAMES V					Owner (Same as operator)											
City HANOVER State MA Zip 02339 City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	2	Last First Middle					Last First Middle									_		
Insurance Company PLYMOUTH ROCK  Vehicle Travel Direction: NSEX Responding to Emergency? N  Citation # (If Issued) T2080050  Wost Harmful Event 1 23  Wiolation 1: Ch 19/71 Sec Violation 2: Ch Sec Driver Contributing Code 5 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)  10 Undercarriage 5 11 Totaled  Voil Undercarriage 5 11 Totaled  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  For in the contribution of the contributi																-		
Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2							Damaged Area Code: (Circle Lin to Three)								- ee)			
Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1							venicie Action Prior to Clash 1											
Violation 1: Ch_19/71_Sec Violation 2: ChSec Driver Contributing Code									2						$\overline{A}$		10 Undercarr	riage
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Violation 3: ChSec Violation 4: ChSec Underride/Override							Driver Contributing Code 5											
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility	1						Underr	ide/Override		Т			00   20	) 21	22			
Operator/Non-Motorist         See Above				operator and a				Age/DOB	Sex		Safety A System	∠o irbag Air Status Sv	pag Ejec	t Trap	Injury I	ransp.	Medical Faci	lity
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## Crash Narrative:

The operator of MV#1 stated he was travelling westbound on Centre St when he was struck by MV#2 from behind.

MV#1 sustained non visible damages to its rear end. The operator of MV#1 stated he was not injured. The fron

passenger of MV#1 stated sustained non- incapacitating injury to her head. She was evaluated by Newton

Paramedics and signed a patient refusal of treatment.

The operator of MV#2 stated he was travelling westbound on Centre St directly behind MV#1 and observed MV#1 abruptly stop at the green light causing him to strike it. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2.

Based on the statements made to me, I issued in hand to the operator of MV#2 MA uniform citation #T2080050 for city ordinance violation 19-71 following too closely.

Witnesses:							
Name (Last, First, Middle)	Address			Phone #	Statement		
Property Damage:							
Owner (Last, First, Middle)	Address	Phone # 34-Type De:			Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name						Carrier Issuing Authority Code	
Address			City			St Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L		
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#	Release code	42