

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|---|--|--|---|-----------------------------|---------------------|--|--|--|
| Date of Crash 02/22/2020 | Time of Crash 19:07 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>30</u> 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: | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | WEST 1497 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 200000178 | | |
| License # _____ St MA DOB/Age _____ | | | Reg # 1VN557 | | | Reg Type PAN | | | Reg State MA | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ | | | Veh Year 2009 | | | Veh Make HOND | | | Veh Config. 1 20 | | |
| Operator DEMASI JORDAN | | | Owner (Same as operator) | | | | | | | | |
| Address 10 DAVIS | | | Address _____ | | | | | | | | |
| City BELMONT State MA Zip 02478 | | | City _____ State _____ Zip _____ | | | | | | | | |
| Insurance Company PLYMOUTH ROCK | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | 2 3 4 | | | 10 Undercarriage | | |
| Citation # (If Issued) N/A | | | Most Harmful Event 1 23 | | | 1 2 3 4 5 6 7 8 9 10 11 | | | Totalled | | |
| 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. | |
| Operator | | | See Above | | | ----- | | --- | | 27 Safety System | |
| CERCHIONE, STEPHEN, R | | | 53 SPARKILL ST WATERTOWN, MA 02472 | | | --- -- | | M | | 28 Airbag Status | |
| | | | | | | | | | | 29 Airbag Switch | |
| | | | | | | | | | | 30 Eject Code | |
| | | | | | | | | | | 31 Trap Code | |
| | | | | | | | | | | 32 Injury Status | |
| | | | | | | | | | | 33 Transp. Code | |
| | | | | | | | | | | Medical Facility | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants | | | | | | | | | | 14 | |
| <input type="checkbox"/> Non-Motorist A Type | | | | | | | | | | 15 | |
| Action | | | | | | | | | | 16 | |
| Location | | | | | | | | | | 17 | |
| Condition | | | | | | | | | | 18 | |
| <input checked="" type="checkbox"/> Hit/Run | | | | | | | | | | <input type="checkbox"/> Moped | |
| License # _____ St MA DOB/Age _____ | | | | | | | | | | Reg # T797800C | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | | | | | | | Reg Type PAN | |
| Veh Year 2019 | | | | | | | | | | Reg State NY | |
| Veh Make HYUNDAU | | | | | | | | | | Veh Config. 1 20 | |
| Operator PROCACCINI GARY STEPHEN | | | | | | | | | | Owner FLEXDRIVE SERVICI | |
| Address 116 HILLTOP DRIVE | | | | | | | | | | Address 2280 BETHLEHEM PIKE | |
| City WALPOLE State MA Zip 02081 | | | | | | | | | | City HATFIELD State PA Zip 19440 | |
| Insurance Company ALL STATE | | | | | | | | | | Vehicle Action Prior to Crash 5 21 | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | | | | | | | | Damaged Area Code: (Circle Up to Three) | |
| Citation # (If Issued) N/A | | | | | | | | | | Event Sequence 1 22 22 22 22 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | | | | | | 2 3 4 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | | 1 23 | |
| Underride/Override 25 Towed N | | | | | | | | | | 1 2 3 4 5 6 7 8 9 10 11 | |
| Please fill out for operator and all occupants involved | | | | | | | | | | Totalled | |
| Name (Last First Middle) | | | Address | | | Age/DOB | | Sex | | 26 Seat Pos. | |
| Operator/Non-Motorist | | | See Above | | | ----- | | --- | | 27 Safety System | |
| | | | | | | | | | | 28 Airbag Status | |
| | | | | | | | | | | 29 Airbag Switch | |
| | | | | | | | | | | 30 Eject Code | |
| | | | | | | | | | | 31 Trap Code | |
| | | | | | | | | | | 32 Injury Status | |
| | | | | | | | | | | 33 Transp. Code | |
| | | | | | | | | | | Medical Facility | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1497 Washington Street Burke and Blackington Funeral Home

Washington Street

I-90 West Off Ramp at Exit 16

Indicate North by Arrow

○

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of vehicle 1 stated she was traveling West on the Washington Street bridge over the Mass Pike when vehicle 2, a gray SUV attempted to change lanes, as this happened the front passenger side quarter panel of vehicle 2 came in contact with the rear drivers side quarter panel of vehicle 1. This caused minor scratches to vehicle 1.

The operator of vehicle 1 attempted to pull over and exchange information with the other driver. The operator of vehicle 2 continued driving away and got onto the Mass Pike, during this process the operator of vehicle 1 and the passenger of vehicle 1 were able to get the license plate number of vehicle 2 which was NY REG:T797800C.

In an attempt to locate and identify the driver of vehicle 2 I ran NY REG T797800C which comes back

(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 # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

THOMAS BANNON NEWTON POLICE DEPT 02/22/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

registered to a short term rental company called Flexdrive. I called a phone number on their website 8663539399 which is listed as the number to call if you are in an accident with one of their vehicles. I was only able to speak to a service technician, a Tom Louis of ARI Fleet Service 18002272273, who told me the vehicle was out of the Flexdrive North Dighton Mass hub located at 123 Williams Street North Dighton MA 02764. Tom also mentioned the location would most likely not be open again until Monday. He did not have any other information regarding who may be operating the vehicle. I have attempted to find contact information on this North Dighton location which I have had negative results so far. I have also emailed the Flexdrive customer service department. To be followed up on.

(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 # _____ (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 #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

THOMAS BANNON

NEWTON POLICE DEPT.

02/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Houser e-mailed me pictures of the vehicle. I observed no damage to MV2. Those pictures were submitted to the IT Bureau.

[illegible]

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 # _____ (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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placa

Material 1 digit #

Material Name_____

| | | | | | | | |
|---------|----|--------------------|----|--------------------|--------------------------|--------------|----|
| Placard | 40 | Material 1 digit # | 41 | Material Name_____ | Material 4 digit # _____ | Release code | 42 |
|---------|----|--------------------|----|--------------------|--------------------------|--------------|----|

Release code

42

THOMAS BANNON

NEWTON POLICE DEPARTMENT

02/22/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____