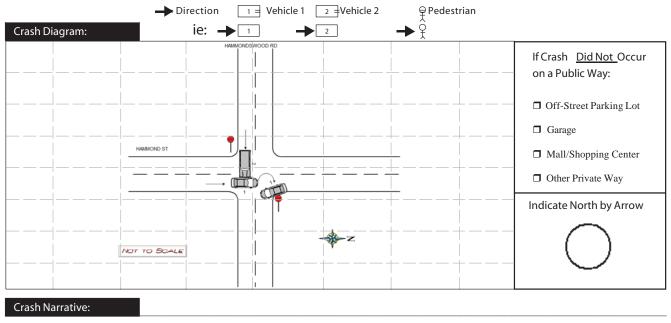
	Poli	ce Use Only		Commo	nwealth	of I	Massa	ach	use	tts			RM	V Doc	umen	t Number	
	Date of Crash 02/27/2020	Time of Crash 17:57	City/To NEWTON	own M	otor V			sh		nber icles	Numb Injure		eed Lim		St Lo	ate Police ocal Police BTA Police	XI
		24HR			Police				2		1		ngitude		0	ther:	_
		AT INTER	SECTION:	<	LOC	CATIO	N	>			NO	ТАТ	INT	ERSI	ECT	ION:	
	NOR	ТН НАММ	OND ST														
3	Route# Direction Name of Roadway/Street At WEST HAMMONDSWOOD RD					Route# Direction Address# Name of Roadwa						ay/Stre	//Street				
						Feet N S E W of					• or Mile Marker				Ez	Exit Number	-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of											
2													y/Street	3			
1						Landmark									$ \begin{vmatrix} 3 \end{vmatrix}$		
3	XVehicle1	Case Numl	ner		-	200000	n194										
	_		Hit/Run				·C					D.4	A A T			3//4	-
	License #	18 1		19		g # <u>2055Y</u>	13						AN			20	-
4	Sex_M_ Lic. (Lic. Restrictio DAVID	Endorsn	nent				eh Mak	ke				_ Veh (Config	. 1	1
⁴ 2	Operator MIL Address 92 M.		First	Middle			ne as ope				First			Mid	dle		- 1
	City_NEWTO		Q.	ate MA 7in 02459		Address State Zip										-	
	City NEWTON State MA Zip 02459 Insurance Company USAA CASUALTY						on Prior to			21	_				_ ^ -	le Up to Thre	
5_		Direction: N		ponding to Emergence		ent Seque		22 20 2		22	<u>22</u> 2	_	3		4		
1		ssued)		ponding to Emergent	-	•	ul Event		3					Λ	- 1	10 Undercarri	iage
	,			n 2: ChSec			ibuting C	Г	1 2	4	24	—	9		5	11 Totaled	
⁶ 1	Violation	3: ChSec	Violatio	n 4: ChSec		derride/O	٦		_	 Γowed	<u></u> 6		()	6		
	Please fill out for operator and all occupants involved						L		26 Seat	27 Safety A	28 irbag Air	29 3 bag Eje	30 31	32 Injury	33 Fransp.		1 1
	Name (Last Fire	st Middle)		Addres See Abo			age/DOB	Sex	Pos. S	ystem S	status Sw	itch Coo	de Code	Status 8	Code 1	Medical Facilit	ty 1
7								<u></u>			\perp						
2	Please Select C of the Followi	I A Vehicle	2 <u>1</u> # Occupar	nts Non-Motori	ist A Type	14 Ac	etion 1	Loc	cation	1	6 Con	dition	17		Hit/Ru	n Mop	ed
	License#		St_C	Γ DOB/Age	Re	Reg # AH22794					Reg Type PAN			Reg State_CT			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2011 Veh Make CADILLAC Veh Config. 1							20	-			
⁸ 2	Operator TITTARELLI REBECCA Endorsment				nent Ow	Owner TITTARELLI JOHN											
2	Address 100 AUSTIN ST					Last First Middle Address 100 AUSTIN ST											
	City SUFFIELD State CT Zip 06078					City SUFFIELD State CT Zip 06078											
	Insurance Company HANOVER AMERICAN					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N				cy? <u>N</u> Ev	Event Sequence 1 22 22 22 22 23 4											
	Citation # (If Issued) T2012813				Mo	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									iage		
	Violation 1: Ch_89/8 Sec Violation 2: ChSec					Driver Contributing Code 4 24 24											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 6											
			operator and al	l occupants involve			. /20-		26 Seat	27 Safety A	28 irbag Air	29 3 bag Eje	0 31 Trap		33 Fransp.	M = 7= ::	
	Name (Last Fi	rst Middle) Non-Motorist		Addro See Abo			Age/DOB	Sex	Pos.	System 1			ode Code 0	Status 10	Code 1	Medical Facil	ity
																	\dashv
																	\neg
																	\blacksquare



On Thursday, February 27th, 2019 at approximately 1757 hours I, Officer Newton, was sent to Hammond St and
Hammondswood Rd for an MVA.

Operator of vehicle 1 stated he was traveling northbound on Hammond St when vehicle 2 went through the stop sign and struck his vehicle in the intersection. Operator of vehicle 1 stated he had minor back pain but declined medical attention from EMS.

Operator of Vehicle 2 stated she was stopped at the stop sign traveling westbound on Hammondswood rd. She stated she did not see vehicle 1 and proceeded through the intersection and struck vehicle 1. Operator of vehicle 2 stated she had no injuries. Operator of vehicle 2 was cited for Ch. 89/8 Failure to Yield MA Citation T2012813.

(Continued on	next page)				
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #	(From Veh	icle Section)		
Carrier Name	·			Carrier Issuing Authority	Code 35
Address		City		St Zin	
					36
US DOT #:St		Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gross	Vehicle Weight 38				
Trailer Reg #:	Reg Type Reg State	e Reg Year	Traile	er Length 39	
Hazmat Information:					
Placard 40 Material 1 digit #	41 Material Name		_ Material 4 dig	git # Release coo	de 42

-	Direction 1	∃ Vehicle 1 2	_≠Vehicle 2	Pedestria	n		
Crash Diagram:	ie: → 🔟	2	□ →	₽			
					on a f	sh Did Not Coublic Way: f-Street Parking rage all/Shopping Ce her Private Way te North by Ar	Lot
				+			
Crash Narrative:							
Both vehicles were towed :	from the scene b	oy Todys.					
Witnesses:		1			1 21 "		.
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	d Property	
	_						
T 1 10 16 1							
Truck and Bus Information:	Registration #		(From Veh	icle Section)			35
Carrier Name					Carrier Issuin	g Authority Code	
Address			City		St	Zip	
			-			-	36
US DOT #:	_ State Number		Issuing State	ICC #:		Interstate	
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
		D. Siri	D 37	70 0 11	39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ier Length		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Na	ame		_ Material 4 di	git # 1	Release code	42
-							
RICHARD NEWTON				ON POLICE DEPARTM		02/27/20	
Police Officer Name (Please Print)	Signature		ID/Badge # Dep	partment	Precinct/Barracl	cs Date	

CDP1 11 ·24·00