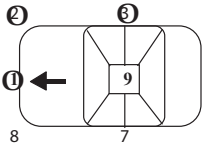
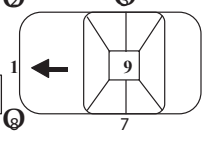


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/05/2020	Time of Crash 13:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1241 CENTRE 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000216		
License # _____ St MA DOB/Age _____			Reg # 9HW451			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year PAN			Veh Make FORD			Veh Config. <u>1</u> <u>20</u>		
Operator FERREIRA MARRA STEPHANE Last First Middle			Owner (Same as operator)			First Middle					
Address 9 WARREN AVE (apt. B)			Address _____			City _____ State _____ Zip _____					
City WOBURN State MA Zip 01801			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company AMICA			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>1</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>			Towed <u>Y</u>					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator			See Above			-----			NONE		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____			Reg # 2NDT71			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2019			Veh Make JEEP			Veh Config. <u>2</u> <u>20</u>		
Operator ORFAO TYLER J Last First Middle			Owner (Same as operator)			Last First Middle					
Address 97 PORTER ST			Address _____			City _____ State _____ Zip _____					
City SOMERVILLE State MA Zip 02143			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company STANDARD FIRE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>			Towed <u>Y</u>					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator/Non-Motorist			See Above			-----			NONE		

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			10 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 _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			11 _____ 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 _____							
3 <input checked="" type="checkbox"/> Vehicle 3 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 2000000216							
4 License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>RUTTER</u> <u>LORI</u> _____ Address <u>48 WILDE RD</u> _____ City <u>WABAN</u> State <u>MA</u> Zip <u>02468</u> Insurance Company <u>VERMONT</u>			12 Reg # <u>35NF23</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 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 See Above ----- --- --- 							
7 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			14 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>10</u> Undercarriage <u>11</u> Totaled Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____							
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 ----- --- --- 										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

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:

Operator 1 stated she was traveling Southbound on Center St when vehicle 2 pulled out of a parking spot into traffic. Operator 1 did not have time to react and was struck on the passenger side fender by vehicle 2.

Operator 2 stated he was parallel parked on Center St. Operator 2 attempted to inch out into traffic when he was struck by vehicle 1. Vehicle 2 was then pushed into vehicle 3 which was parked and unoccupied in front of him.

All vehicles sustained moderate damage and vehicle 1 was towed by Tody's.

There were no injuries.

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

FRANCIS P SCALTRETO NEWTON POLICE DEPT 03/05/2020

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

CDP1 11 -24:00