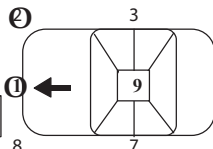
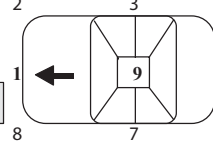


[illegible]

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 04/25/2020	Time of Crash 10:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 0	Speed Limit 25 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:																																																																					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			9 10 11 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Exit Number _____ _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet [N][S][E][W] of _____ Landmark _____																																																																							
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000278																																																																										
4 License # _____ St MA DOB/Age ____-____ Sex F Lic. Class [D][18][18] Lic. Restrictions [1][19] CDL _____ Operator MACARO SESTINA Endorsment _____ Address 59 OAK STREET City NEWTON State MA Zip 02464 Insurance Company SAFETY			12 Reg # 177TB7 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. [1][20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [2][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][1][22][22][22]  Most Harmful Event [1][23] Driver Contributing Code [1][24][24] Underride/Override [25] Towed N																																																																							
5 Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N 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 <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							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	-----	---	---	1	4	4	0	0	10	1																																								
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→ Direction

ie: → 1 → 2 →

1 = Vehicle 1 2 = Vehicle 2

⊙ Pedestrian

Crash Diagram:

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 of vehicle 1 stated he was traveling southbound on Chestnut St and dropped a can of lysol. He reached over to pick it up and struck the rear of vehicle 2 pushing it into vehicle 3 and pushing vehicle 3 into vehicle 4. Vehicle 2, 3 and 4 were all stopped on Chestnut St for the red light at Elliot St. No reported injuries. No tows were required.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

04/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date