

| Police Use Only                                                                                                                                                                                                                                   |                                |                     | Commonwealth of Massachusetts                                                                                                                                                                                                                                                                          |  |                                         |                      | RMV Document Number   |                                                     |                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|----------------------|-----------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Crash<br>08/24/2020                                                                                                                                                                                                                       | Time of Crash<br>09:48<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report                                                                                                                                                                                                                                                                   |  |                                         | Number Vehicles<br>2 | Number Injured<br>0   | Speed Limit 30<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:                                                                                                                                                                                                                                  |                                |                     | < LOCATION >                                                                                                                                                                                                                                                                                           |  | NOT AT INTERSECTION:                    |                      |                       |                                                     |                                                                                                                                                                      |  |
| <div>11Route# Direction Name of Roadway/Street<br/>At</div> <div>21Route# Direction Name of Intersecting Roadway/Street<br/>Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>                      |                                |                     | <div>29SOUTH 67 WALNUT ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____<br/>Mile Marker Exit Number</div> <div>11Feet N S E W of _____<br/>Route# Intersecting Roadway/Street</div> <div>2Feet N S E W of _____<br/>Landmark</div> |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants                                                                                                                                                                                        |                                |                     | <input type="checkbox"/> Hit/Run                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> Moped          |                      | Case Number 200000473 |                                                     |                                                                                                                                                                      |  |
| License # --- St MA DOB/Age ---                                                                                                                                                                                                                   |                                |                     | Reg # K61318                                                                                                                                                                                                                                                                                           |  | Reg Type CON                            |                      | Reg State MA          |                                                     |                                                                                                                                                                      |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____                                                                                                                                                                                         |                                |                     | Veh Year 2012                                                                                                                                                                                                                                                                                          |  | Veh Make CHEVY                          |                      | Veh Config. 2 20      |                                                     |                                                                                                                                                                      |  |
| Operator BILOTTA FRANCESCO                                                                                                                                                                                                                        |                                |                     | Owner BILOTTA LANDSCAJ                                                                                                                                                                                                                                                                                 |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Address 34 WHITLOWE RD                                                                                                                                                                                                                            |                                |                     | Address 34 WHITLOWE RD                                                                                                                                                                                                                                                                                 |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| City NEWTON State MA Zip 02465                                                                                                                                                                                                                    |                                |                     | City NEWTON                                                                                                                                                                                                                                                                                            |  | State MA                                |                      | Zip 02465             |                                                     |                                                                                                                                                                      |  |
| Insurance Company ARBELLA                                                                                                                                                                                                                         |                                |                     | Vehicle Action Prior to Crash 1 21                                                                                                                                                                                                                                                                     |  | Damaged Area Code: (Circle Up to Three) |                      |                       |                                                     |                                                                                                                                                                      |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? N                                                                                                                                                                                      |                                |                     | Event Sequence 2 22 22 22 22                                                                                                                                                                                                                                                                           |  | 3 4                                     |                      | 10 Undercarriage      |                                                     |                                                                                                                                                                      |  |
| Citation # (If Issued) _____                                                                                                                                                                                                                      |                                |                     | Most Harmful Event 2 23                                                                                                                                                                                                                                                                                |  | 0 1 9                                   |                      | 5 11 Totalled         |                                                     |                                                                                                                                                                      |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                                                                                                                                                                   |                                |                     | Driver Contributing Code 19 24 24                                                                                                                                                                                                                                                                      |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                                                                                                                                                                   |                                |                     | Underride/Override 25 Towed Y                                                                                                                                                                                                                                                                          |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                           |                                |                     |                                                                                                                                                                                                                                                                                                        |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Name (Last First Middle)                                                                                                                                                                                                                          |                                |                     | Address                                                                                                                                                                                                                                                                                                |  | Age/DOB                                 |                      | Sex                   |                                                     | 26 Seat Pos.                                                                                                                                                         |  |
| Operator                                                                                                                                                                                                                                          |                                |                     | 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                                                                                                                                                     |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |                                |                     |                                                                                                                                                                                                                                                                                                        |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| License # --- St MA DOB/Age ---                                                                                                                                                                                                                   |                                |                     | Reg # V60236                                                                                                                                                                                                                                                                                           |  | Reg Type CON                            |                      | Reg State MA          |                                                     |                                                                                                                                                                      |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____                                                                                                                                                                                         |                                |                     | Veh Year 2019                                                                                                                                                                                                                                                                                          |  | Veh Make FORD                           |                      | Veh Config. 2 20      |                                                     |                                                                                                                                                                      |  |
| Operator VARA JOSEPH A                                                                                                                                                                                                                            |                                |                     | Owner STONEHAM MOTOI                                                                                                                                                                                                                                                                                   |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Address 33 LONGWOOD AVENUE                                                                                                                                                                                                                        |                                |                     | Address 185 MAIN ST                                                                                                                                                                                                                                                                                    |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| City SAUGUS State MA Zip 01906                                                                                                                                                                                                                    |                                |                     | City STONEHAM                                                                                                                                                                                                                                                                                          |  | State MA                                |                      | Zip 02180             |                                                     |                                                                                                                                                                      |  |
| Insurance Company EMPIRE                                                                                                                                                                                                                          |                                |                     | Vehicle Action Prior to Crash 11 21                                                                                                                                                                                                                                                                    |  | Damaged Area Code: (Circle Up to Three) |                      |                       |                                                     |                                                                                                                                                                      |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? N                                                                                                                                                                                      |                                |                     | Event Sequence 2 22 22 22 22                                                                                                                                                                                                                                                                           |  | 2 3 4                                   |                      | 10 Undercarriage      |                                                     |                                                                                                                                                                      |  |
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| 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 Y                                                                                                                                                                                                                                                                          |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                           |                                |                     |                                                                                                                                                                                                                                                                                                        |  |                                         |                      |                       |                                                     |                                                                                                                                                                      |  |
| Name (Last First Middle)                                                                                                                                                                                                                          |                                |                     | Address                                                                                                                                                                                                                                                                                                |  | Age/DOB                                 |                      | Sex                   |                                                     | 26 Seat Pos.                                                                                                                                                         |  |
| Operator/Non-Motorist                                                                                                                                                                                                                             |                                |                     | See Above                                                                                                                                                                                                                                                                                              |  | -----                                   |                      | ---                   |                                                     | 27 Safety System                                                                                                                                                     |  |
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|                                                                                                                                                                                                                                                   |                                |                     |                                                                                                                                                                                                                                                                                                        |  |                                         |                      |                       |                                                     | 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:**

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:**

ON 8-24-20 AT APPROX. 0948HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 67 WALNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON WALNUT ST. HE WAS GRABBING AN ITEM FROM THE PASSENGER SEAT WHEN HE LOST CONTROL OF HIS VEHICLE AND HIT VEHICLE #2. VEHICLE #2 DRIVER STATES HE WAS NOT IN HIS PARKED VEHICLE BUT IN THE BACK YARD OF 67 WALNUT ST. HE HEARD A LOUD BANG AND WHEN HE CAME OUT HE SAW VEHICLE #1 HAD DRIVEN INTO HIS VEHICLE. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE. VEHICLE #2 HAD MINOR REAR END DAMAGE. VEHICLE #1 HAD AIRBAG DEPLOYMENT AND A CRACKED WINDSHIELD. VEHICLE #1 WAS TOWED BY TODYS . ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

**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