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|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 08/31/2020 | | Time of Crash 09:33 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 10 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: | | | | | | 9 | |
| Route# Direction Name of Roadway/Street At | | | | EAST 15 ADAMS CT Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | 2 | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 10 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of _____ Landmark | | | | | | | | 11 | |
| 3 | | | | <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 2000000487 | | | | | | | | 7 | |
| 1 | | | | License # _____ St _____ DOB/Age _____ Reg # 8KX496 Reg Type PAN Reg State MA Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2016 Veh Make CHEV Veh Config. 1 20 Operator _____ Last _____ First _____ Middle _____ Owner LOCKE ALEXANDRA Address _____ Address 418 (apt. 3) WATERTOWN ST City _____ State _____ Zip _____ City NEWTON State MH Zip 02458 Insurance Company ARBELLA MUTUAL 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 1 22 22 22 22 2 Most Harmful Event 1 23 Citation # (If Issued) _____ Driver Contributing Code 1 24 24 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Underride/Override 25 Towed N Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 12 | |
| 5 | | | | Please fill out for operator and all occupants involved | | | | | | | | 13 | |
| 2 | | | | 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 ----- - - - - - | | | | | | | | 2 | |
| 7 | | | | 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 | | | | | | | | 1 | |
| 8 | | | | License # --- St MA DOB/Age --- Reg # V60268 Reg Type CON Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2020 Veh Make FRHT Veh Config. 6 20 Operator RIVERA NELSON Endorsment _____ Owner ANHEUSER BUSCH Address 18 DAVIS ST Address 440 RIVERSIDE AVE City MALDEN State MA Zip 02148 City MEDFORD State MA Zip 02156 Insurance Company ACE AMERICAN Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S X W Responding to Emergency? N Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Citation # (If Issued) _____ Driver Contributing Code 19 24 24 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Underride/Override 25 Towed N Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 1 | |
| 1 | | | | Please fill out for operator and all occupants involved | | | | | | | | 1 | |
| Operator/Non-Motorist | | | | 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 See Above ----- - - - - - 1 4 99 0 0 10 1 NONE | | | | | | | | | |

→ 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 August 31st, 2020 at approximately 09:33 hours while working N491 I responded to Adams Court for a reported two vehicle crash.

On my arrival I first spoke with Officer Pelligrine who reported that a tenant of his identified as Alexandra Locke had her parked car struck by a delivery truck.

I then spoke with Alexandra Locke (owner vehicle #1) who stated that her parked MV was backed into by vehicle #2 (Anheuser Busch delivery truck) witnessed by her landlord Jim Pelligrine. (damaged to her passenger side rear).

I then spoke with the operator #2 who reported that he had drove straight down Adams Court from Adams St and was backing up to go towards his delivery area for Dions liquor store on Watertown St when he accidentally

(Continued on next page)

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|--|---------|-----------|
| PELLIGRINE, JAMES, | 1321 WASHINGTON STREET NEWTON, MA 02465 | ----- | Y |
| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # V60268 (From Vehicle Section)

Carrier Name ANHEUSER BUSCH Carrier Issuing Authority Code 35

Address 440 RIVERSIDE AVE City MEDFORD St MA Zip 02156

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 99 36

Cargo Body Type Code 99 37 Gross Vehicle Weight 1 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 J MCCARTHY

NEWTON POLICE DEPART

08/31/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

[illegible]

| Property Damage: | | | | |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| | | | | |
| | | | | |

| | | | | | |
|------------------------------------|-----------|------------|---------------------|-------------------|------------|
| THOMAS J MCCARTHY | | | NEWTON POLICE DEPT. | | 08/31/2020 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDP1 11:24:00 | | | | | |