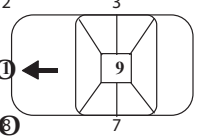
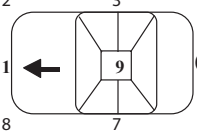


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/18/2020	Time of Crash 10:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 469 BROOKLINE 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 200000529			
License # _____ St MA DOB/Age _____			Reg # P36980			Reg Type PAN			Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2013			Veh Make TOYOTA			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator CHUGA ANTHONY Last First Middle			Owner INTERNATIONAL C Last First Middle									
Address 6 CAROL AVE (apt. 11)			Address 60 KENDRICK ST									
City BOSTON State MA Zip 02135			City NEEDHAM State MA Zip 02494									
Insurance Company NGM INS			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23						11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator			See Above			-----			---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # _____ St MA DOB/Age _____			Reg # 1SZN28			Reg Type PAN			Reg State MA			
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2011			Veh Make BMW			Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator NOYCE SCOTT Last First Middle			Owner (Same as operator) Last First Middle									
Address 724 AVALON DR			Address _____									
City HULL State MA Zip 02045			City _____ State _____ Zip _____									
Insurance Company ARBELLA			Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23						11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator/Non-Motorist			See Above			-----			---			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

460 Brookline St

Unit 2 Unit 1

← N →

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:

Antony Chuga was operating Ma reg P36980 N/B on Brookline St. Chuga states that he heard something fall from the back seat of his vehicle. He then looked in the rear of the vehicle, while doing so he struck vehicle #2 from behind.

Scott Noyce was operating Ma Reg 1SZN28 on Brookline St. Noyce stated that the car in front of him went to turn left into a driveway. Noyce slowed down as the vehicle turned and hes was struck from behind by vehicle 31. Vehicle #1 was towed by a private tow 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

STEPHEN T COTTENS

NEWTON POLICE DEPT

09/18/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date