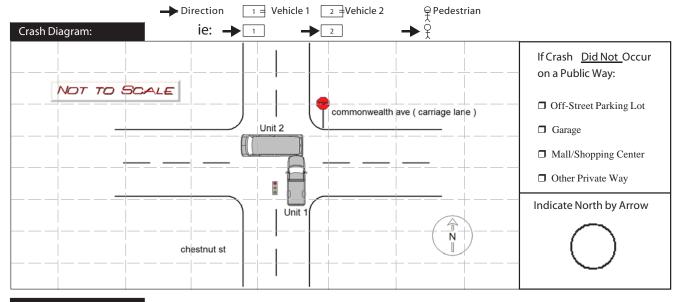
|                       | Poli  | ice Use Only   |                    | Commony                         | vealth                         | of Mas  | ssacl  | huse               | etts                     |                                   |                              | RM                 | V Doc                  | umen                  | t Number   |                   |
|-----------------------|---|--|--------------------|---------------------------------|--------------------------------|---|--------|--------------------|--------------------------|-----------------------------------|------------------------------|--------------------|------------------------|-----------------------|--|-------------------|
|                       | Date of Crash<br>09/22/2020   | Time of Crash<br>11:48                                   | City/T<br>NEWTON   | own Mot                         | tor Ve                         | hicle C   | rash   | Nu<br>Vel          | mber<br>hicles           | Numbe                             |                              | ed Limi<br>tude    |                        | St                    | tate Police<br>ocal Police<br>IBTA Police          | N<br>N            |
|                       | 03/22/2020  | 24HR   |                    |                                 |                                | Report  | t      | 2                  |                          | 0                                 | Lon                          | gitude_            |                        | $- ^{0}$              | ther:  |                   |
|                       |   | AT INTER   | SECTION:           | <                               | LOCA                           | ATION   | >      |                    |                          | NO                                | ГАТ                          | INT                | ERSI                   | ECT                   | ION:   | 2                 |
|                       | NOR   | TH CHEST   | NUT ST             |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
| 1<br>1                | Route# Direc  | tion   | Name o             | f Roadway/Street                |                                | Route# Dire   | ection | Addres             | s #                      |                                   | Na                           | me of I            | Roadwa                 | ay/Stre               | eet  | _ 2 <sup>10</sup> |
|                       | Route# Direction  |  |                    |                                 |                                | Feet NSEW of or   |        |                    |                          |                                   |                              |                    |                        | . <del> -</del>       |  |                   |
|                       |   |  |                    |                                 |                                | Mile Marker  Feet N S E W of  |        |                    |                          |                                   |                              |                    | Exit Number            |                       |  | -                 |
|                       |   |  |                    |                                 |                                | Route# Intersecting Roadway/S   |        |                    |                          |                                   |                              | y/Street           | - 1                    |                       |  |                   |
| 2<br><b>1</b>         |   |  |                    |                                 |                                | Feet N S E W of   |        |                    |                          |                                   |                              |                    |                        | _ 3                   |  |                   |
| 3                     |   |  |                    |                                 |                                | Landmark  |        |                    |                          |                                   |                              |                    |                        | ┪                     |  |                   |
|                       | X Vehicle 1   | 2_#Occupants   | Hit/Rur            | Moped                           | Case Numbe                     | er  |        | 200000             | 00549                    |                                   |                              |                    |                        |                       |  | ┙                 |
|                       | License#  |  | St N               |                                 | Reg                            | # 6DL621  |        |                    |                          | Reg Ty                            | pe_PA                        | N                  | Re                     | eg Stat               |  | -                 |
|                       | Sex_M_ Lic. 0   | Class D 18 1   | Lic. Restriction   |                                 |                                | Year_2015   |        | Veh Ma             | ke_TO                    | YOTA                              |                              |                    | _Veh (                 | Config                | . 2  |                   |
| <sup>4</sup> 3        | Operator MA   |  | REGINALD           | O Endorsment                    | Own                            | er MACEDO   | Last   | M                  | IARIA                    | First                             |                              |                    | Mid                    | ldle                  |  | - <b>1</b>        |
| 3                     | Address 115 A   | Address 115 ADDISON ST Hirst Middle                      |                    |                                 |                                | Address 115 ADDISON ST  |        |                    |                          |                                   |                              |                    | .  -                   |                       |  |                   |
|                       | City E. BOSTON State MA Zip 02128   |  |                    | City                            | City BOSTON State MA Zip 02128 |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       | Insurance Company STANDARD FIRE   |  |                    |                                 | Vehi                           | Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three                         |        |                    |                          |                                   |                              |                    |                        | ee)                   |  |                   |
| 5<br><b>1</b>         | Vehicle Travel  | Direction:   | S E W Res          | ponding to Emergency?           | N Ever                         | t Sequence  | 1 22   | 22                 | 22                       | 22 2                              |                              | 3                  |                        | 4                     |  |                   |
|                       | Citation # (If Is   | ssued)   |                    |                                 | Mos                            | Harmful Ever  | nt 1   | 23                 |                          | 0                                 | <b>+</b>                     | 9                  | $\left( \cdot \right)$ |                       | <ul><li>10 Undercarri</li><li>11 Totaled</li></ul> | age               |
| 6                     | Violation   | 1: ChSec   | Violatio           | n 2: ChSec                      | _ Driv                         | er Contributing   | Code   | 1                  | 24                       | 24                                |                              | VŢ                 | $\sum$                 |                       |  |                   |
| <sup>6</sup> 1        |   | Violation 3: ChSec Violation 4: ChSec Underride/Override |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       | Please 1  |  | ator and all occ   | upants involved  Address        |                                | Age/DOB   | Sex    | 26<br>Seat<br>Pos. | 27<br>Safety A<br>System | 28 2<br>irbag Airt<br>Status \$wi | 29 30<br>ag Eject<br>ch Code | 31<br>Trap<br>Code | 32<br>Injury<br>Status | 33<br>Fransp.<br>Code | Medical Facilit                                    | y 1:              |
|                       | Operator  |  |                    | See Above                       |                                |   |        |                    | 1 4                      | 4                                 | 0                            | 0                  | 10                     | 1                     |  |                   |
|                       | MACEDO, MA  | ARIA   |                    | 5 ADDISON ST<br>OSTON, MA 02128 |                                |   | F      | 3                  | 1                        | 4                                 | 0                            | 0                  | 10                     | 1                     |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
| 7<br><b>2</b>         | Please Select C   |  | 2 <u>1</u> #Occupa | nts Non-Motorist A              | Type                           | 14 Action   | 15     | ocation            | 1                        | 6 Cond                            | lition                       | 17                 |                        | Hit/Ru                | ın Mope  | ed                |
|                       | of the Followi  | ng:  |                    |                                 | • •                            |   |        |                    |                          |                                   |                              |                    |                        |                       |  | 4                 |
|                       | License#  | 18 18 19   |                    |                                 | _                              | Reg # AUM8899   |        |                    |                          | Reg Type_PAN Reg State            |                              |                    | e NY 20                | -                     |  |                   |
|                       | Sex_M Lic. Class D Lic. Restrictions 1 CDL  |  |                    |                                 | Veh Year 2018 Veh Make HONDA   |   |        |                    |                          |                                   | Veh Config. 2                |                    |                        |                       |  |                   |
| <sup>8</sup> <b>2</b> | Operator MASTIN WILLIAM J   |  |                    |                                 |                                | Owner MASTIN WILLIAM  Last First Middle   |        |                    |                          |                                   |                              |                    |                        |                       | -  |                   |
|                       | Address 49 ANGLESIDE RD   |  |                    |                                 |                                | Address 1403 GRAND AVE  City SYRACUSE State NY Zip 13219                                      |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       |   | City WALTHAM State MA Zip 02453                          |                    |                                 |                                | SYRACUSE  |        |                    | 21                       | 1 .                               | )om                          |                    |                        |                       |  | -                 |
|                       | Insurance Company CENTRAL   |  |                    |                                 |                                | Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)  22 22 22 23 4       |        |                    |                          |                                   |                              |                    |                        | (E)                   |  |                   |
|                       | Vehicle Travel Direction: N S E X Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Please fill out for operator and all occupants involved |  |                    |                                 |                                | Most Harmful Event 1 23  Driver Contributing Code 19 24 24  Driver Contributing Code 19 24 24 |        |                    |                          |                                   |                              |                    |                        | age                   |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       |   |  |                    |                                 |                                | Underride/Override Towed 1  |        |                    |                          |                                   |                              | _                  |                        |                       |  |                   |
|                       | Name (Last Fi   | rst Middle)  | operator and a     | Address                         |                                | Age/DO  |        | Pos.               | System                   | Status Sw                         | itch Cod                     | le Code            | Status                 | Transp.<br>Code       | Medical Facil                                      | ity               |
|                       | Operator/   | Non-Motorist   |                    | See Above                       |                                |   |        | -                  | 1 2                      | 2 1                               | 0                            | 0                  | 10                     | 1                     |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              | _                  |                        |                       |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |
|                       |   |  |                    |                                 |                                |   |        |                    |                          |                                   |                              |                    |                        |                       |  |                   |



## Crash Narrative:

ON 9-22-20 AT APPROX. 1148HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMMONWEALTH AVE. AND CHESTNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON CHESTNUT APPROACHING COMM. AVE. HE STATES HE HAD THE GREEN LIGHT SO HE CONTINUED TO GO. WHEN VEHICLE #2 ENTERED THE TRAFFIC LANE HE WAS UNABLE TO AVOID HITTING HIM. I SPOKE TO THE OPERATOR OF VEHICLE #2. HE STATES SHE WAS TRAVELING W-BOUND ON COMM AVE. CARRIAGE LANE. HE STATES HE STOPPED AT THE STOP SIGN AND CONTINUED TO CROSS CHESTNUT ST. WHEN HE ENTERED THE INTERSECTION HE WAS HIT IN THE LEFT SIDE BY VEHICLE #1. VEHICLE #1 HAD MINOR FRONT END DAMAGE. VEHICLE #2 HAD MINOR LEFT REAR DAMAGE AND LEFT SIDE AIRBAG DEPLOYMENT. VEHICLE #2 WAS TOWED BY AAA. ALL PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

| Witnesses:                               |                     |           |               |              |                               |               |                   |      |  |
|--|---------------------|-----------|---------------|--------------|-------------------------------|---------------|-------------------|------|--|
| Name (Last, First, Middle)               | Address             |           |               | Phone #      | Statement                     |               |                   |      |  |
|  |                     |           |               |              |                               |               |                   |      |  |
|  |                     |           |               |              |                               |               |                   |      |  |
| Property Damage:                         |                     |           |               |              |                               |               |                   |      |  |
| Owner (Last, First, Middle)              | Phone # 34-Type Des |           |               |              | scription of Damaged Property |               |                   |      |  |
|  |                     |           |               |              |                               |               |                   |      |  |
|  |                     |           |               |              |                               |               |                   |      |  |
| Truck and Bus Information:  Carrier Name | Registration #      |           | (From Vehic   | cle Section) |                               | Carrier Issui | ing Authority Cod | e 35 |  |
| Address                                  |                     |           | City          |              |                               | St            | Zip               |      |  |
| US DOT #:                                | State Number        |           | Issuing State | ICC #:_      |                               |               | Interstate        | 36   |  |
| Cargo Body Type Code 37 Gross            | s Vehicle Weight    | 38        | -             |              |                               | 39            |                   |      |  |
| Trailer Reg #:                           | Reg Type            | Reg State | Reg Year      | Tr           | ailer Le                      |               |                   |      |  |
| Hazmat Information:                      |                     |           |               |              |                               |               |                   |      |  |
| Placard 40 Material 1 digit #            | 41 Material Na      | me        |               | Material 4   | digit#_                       |               | Release code      | 42   |  |
|  |                     |           |               |              |                               |               |                   |      |  |