

| Police Use Only   |  |  | Commonwealth of Massachusetts |  |  |                                      | RMV Document Number |                      |                     |   |  |  |    |    |
|---|--|--|-------------------------------|--|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|----|----|
| Date of Crash<br>09/29/2020   |  | Time of Crash<br>07:39<br>24HR                             |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>2 | Number Injured<br>1 | Speed Limit 25<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:                 |                     |                      |                     |   |  | 9  |    |    |
| Route# Direction Name of Roadway/Street<br>At   |  |  |                               | EAST 2150 WASHINGTON ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ Mile Marker _____ Exit Number<br>Feet N S E W of _____<br>Feet N S E W of _____ Route# Intersecting Roadway/Street<br>Landmark |  |                                      |                     |                      |                     |   |  | 2  | 10 |    |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |  |  |                               |  |  |                                      |                     |                      |                     |   |  | 11   | 2  |    |
| Route# Direction Name of Intersecting Roadway/Street  |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run                           |                               | <input type="checkbox"/> Moped   |  | Case Number 200000564                |                     |                      |                     |   |  |  |    |    |
| License # --- St CA DOB/Age ---   |  |  |                               | Reg # P49451 Reg Type PAN Reg State MA   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |  |                               | Veh Year 2016 Veh Make FORD Veh Config. 2 20   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Operator RODRIGUEZ SILVIO<br>Last First Middle  |  |  |                               | Owner (Same as operator)<br>Last First Middle  |  |                                      |                     |                      |                     |   |  |  |    |    |
| Address 2110 ARTESIA BLV STE 871  |  |  |                               | Address _____  |  |                                      |                     |                      |                     |   |  |  |    |    |
| City REDONDO State CA Zip 90278   |  |  |                               | City _____ State _____ Zip _____   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Insurance Company PROGRESSIVE   |  |  |                               | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Vehicle Travel Direction: N S X W Responding to Emergency? N  |  |  |                               | Event Sequence 1 22 22 22 22 2 3 4   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Citation # (If Issued) _____  |  |  |                               | Most Harmful Event 1 23  |  |                                      |                     |                      |                     |   |  |  |    |    |
| 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 N  |  |                                      |                     |                      |                     |   |  |  |    |    |
| Please fill out for operator and all occupants involved   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
| 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  |  |  |                               | 99 4 99 0 0 10 1   |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
| 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  |    | 13 |
| License # --- St MA DOB/Age ---   |  |  |                               | Reg # 372N10 Reg Type PAN Reg State MA   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |  |  |                               | Veh Year 2019 Veh Make TOY Veh Config. 1 20  |  |                                      |                     |                      |                     |   |  |  |    |    |
| Operator SAMUELS MISHKA<br>Last First Middle  |  |  |                               | Owner (Same as operator)<br>Last First Middle  |  |                                      |                     |                      |                     |   |  |  |    |    |
| Address 307 MT VERNON ST  |  |  |                               | Address _____  |  |                                      |                     |                      |                     |   |  |  |    |    |
| City DEDHAM State MA Zip 02026  |  |  |                               | City _____ State _____ Zip _____   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Insurance Company GOVT EMPLOYEE   |  |  |                               | Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Vehicle Travel Direction: N S X W Responding to Emergency? N  |  |  |                               | Event Sequence 1 22 22 22 22 2 3 4   |  |                                      |                     |                      |                     |   |  |  |    |    |
| Citation # (If Issued) _____  |  |  |                               | Most Harmful Event 1 23  |  |                                      |                     |                      |                     |   |  |  |    |    |
| 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. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
| Operator/Non-Motorist See Above   |  |  |                               | 1 4 99 0 0 8 2 NWH   |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |
|   |  |  |                               |  |  |                                      |                     |                      |                     |   |  |  |    |    |

→ 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:**

Operator of Vehicle #1 stated that he was in traffic waiting to merge from the 95 off ramp onto Washington St. East bound. Operator #1 stated he looked left and started forward not realizing Vehicle #2 was still in front of him. Vehicle #1 struck vehicle #2 from behind. Operator of vehicle #2 stated she was inching forward attempting to merge onto Washington St. East bound when she was struck from behind by vehicle #1.

**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

**DANIEL NARDELLI**      **NEWTON POLICE DEPT**      **09/29/2020**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00