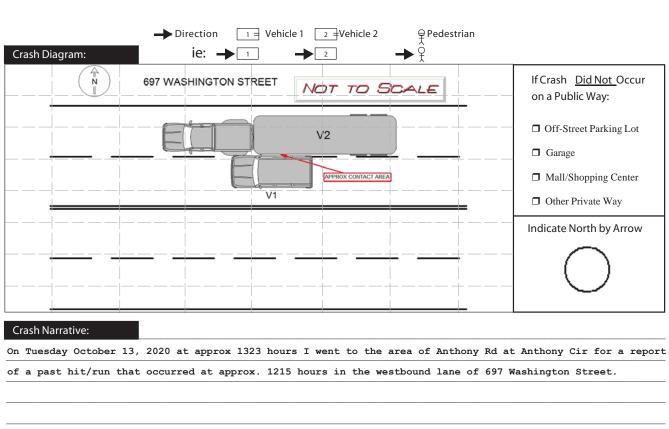
[Poli	ice Use Only		Commonw	ealth	of Mass	ach	use	tts			RMV	V Docu	ıment	t Number	
	Date of Crash 10/13/2020	Time of Crash 12:15 24HR	NEWTON	MIOU		nicle Cra Report	ash			Number Injured 0	Latit	d Limi ude gitude_		Sta Lo M Ot	ate Police ocal Police BTA Police ther:	N N
			RSECTION:	<	LOCA		>			NOT				CTI	ON:	_
						WEST	69	97	1	WASHII	NGTO	N STE	REET			2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	ion A	ddress	s #		Nar	ne of R	Roadwa	y/Stre	et	$ \frac{1}{2}$
	At					Feet NSEW of or Fxit Number										
	Route# Direc	etion 1		ng Roadway/Street		Feet	N S F	z w	.f	Mile M	arker			Ex	cit Number	_
2			Also at Inte	rsection with				_	-	Route#	——I	ntersec	ting Ro	adway	y/Street	· -
² 3	Route# Direc	tion	Name of Inters	ecting Roadway/Street		Feet	N S F	<u> </u>	-t -			T	llv			$-\frac{4}{}$
3	[V]vz.12.1.4	1 #0 /										Lar	ndmark			┪
2	Veniciei	#Occupants			ase Number			200000	0593							4
	License #	18	St_M_	OB/Age	_	6ZG351				Reg Typ					20	
	Sex_F_ Lic.	Class	Lic. Restriction			Year_2020							Veh C	onfig.	2	
4 1	Operator KH		OLGA First	Middle		HYUNDAI I				First	Γ		Midd	le		1
	Address 63 W					2975 BRCK	NRDG	RLVD	1				<i>C</i> +			
	City W NEW			rate MA Zip 02465	City_	DULUTH							GA	_ ^ _		
- 1	Insurance Com	pany PLYMOU	TH ROCK ASSU	JANCE CORP	Vehic	ele Action Prior			1 21		ımageo	_		(Circl	e Up to Thre	e)
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?	Event	Sequence 1		22 3	22	22 2		<u></u>	,	`	10 Undercarri	
	,	ssued)				Harmful Event	1		4	1 4	←	9			11 Totaled	age
⁶ 2				n 2: ChSec	Drive	r Contributing (99	4			$\angle \downarrow$	\sum	6		
2	Violation 3: ChSec Violation 4: ChSec				Unde	Underride/Override Towed N						_				
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Seat Pos. S	27 Safety Ai System St	28 29 rbag Airba tatus Switch	30 Eject Code	31 Trap Code	32 Injury Status	ransp.	Medical Facilit	1 1	
	Operator			See Above					99 4	99	0	0	10	1		
7 1	Please Select C of the Followi		e2 <u>1</u> #Occupa	Non-Motorist A	Туре	14 Action	15 Lo	cation	16	Condi	ion	17	□·	lit/Ru	n Mope	ed
	License#		St_N		Reg#	869955				Reg Typ	e_CON	N	Re	g State	MA	
	Sex_M_ Lic.	Class D 18	Lic. Restriction		Veh	Year_2015	V	eh Mal	ke_FOR	RD			Veh C	onfig.	6	
8 2	Operator RAI	MIREZ	JOSE	A Endorsment	Owne	cIRO CARE	ONE A	Nl		Einst			Midd	11.0		
_	Last First Middle Address 76 RICH ST					Address 12 ANTHONY CIR First Middle										
	City WALTH	City WALTHAM State MA Zip 02451				City NEWRTON State MA Zip 02458										
	Insurance Company EMPLOYERS MUTUAL CASUALTY COMPANY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							e)			
	Vehicle Travel Direction: N S E Responding to Emergency? N S E N Responding to Emergency? N S E N Responding to Emergency? N S E N Responding to Emergency?					Event Sequence 1 22 22 22 22 3 4										
				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 1 24 24						age					
				_ Drive												
	Violatio	n 3: ChS	Sec Violati	on 4: ChSec	Unde	Underride/Override 25 Towed N 7 6										
	Pl Name (Last Fi		r operator and a	l occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety Ai System	28 29 irbag Airba Status Swit	g Eject ch Code	31 Trap Code		33 ransp. Code	Medical Facili	tv
		Non-Motorist		See Above		Age/DOB			99 4		0	0		1	carcar r acill	
							+		+		+					



Upon arrival I met the operator of v1 Ms. OLGA KHOLODENKO, she stated she was traveling westbound in the left lane of Washington Street around the Whole foods area which is 697 Washington Street. She stated while traveling a red truck with a red trailer was on her right side traveling along side her, and while traveling the trailer had "swung" into her passenger side of her vehicle. She stated the truck/trailer kept traveling and she followed the trailer and took pictures while driving. She then went home and called her insurance

(Continued of	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damag	ged Property	
Truck and Bus Information: Carrier Name CIRO CARBONE	Registration # 86995	55	(From Vehic	ele Section)		Carrier Issu	ning Authority Co	ode 35
	Registration # 86995		(From Vehic				,	ode
Carrier Name CIRO CARBONE		(City NEWTON			St_MA	Zip_024	ode
Carrier Name CIRO CARBONE Address 12 ANTHONY CIR US DOT #:	State Number	(City NEWTON			St_MA	Zip_024	58 36
Carrier Name CIRO CARBONE Address 12 ANTHONY CIR US DOT #:	State Numberss Vehicle Weight 2	38	City_NEWTON _ Issuing State MASS	6A(ICC #:_		St_MA	Zip_024	58 36
Carrier Name CIRO CARBONE Address 12 ANTHONY CIR US DOT #: Cargo Body Type Code 8 37 Gros	State Numberss Vehicle Weight 2	38	City_NEWTON _ Issuing State MASS	6A(ICC #:_		St_MA	Zip_024	58 36
Carrier Name CIRO CARBONE Address 12 ANTHONY CIR US DOT #: Cargo Body Type Code 8 37 Grost Trailer Reg #: C39390	State Numberss Vehicle Weight 2 Reg Type_TRN	38 Reg State MA	City_NEWTON _ Issuing State MASS	6A(ICC #:_ 3 Tr	ailer Len	St_MA	Zip_024	58 36

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		10/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestriar	1	
Crash Diagram:	ie: →□	1 -	2	→ $\hat{?}$		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					Off-Street Parki	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
					— — ☐ Other Private W	ay
					Indicate North by	Arrow
		 -	+			
					()	
Crash Narrative:			-			
company with the picture	of the registra	tion plate an	nd they gave	her the info	rmation which brought t	hem at
Anthony Rd at Anthony Ci	r, where the reg	gistered owner	lived. The	truck / trai	ler was not at the loca	tion. The
trailer is MA trailer re	g # C39390 a 201	3 Brav traile	er color red	registered t	o CIRO CARBONE AND SONS	INC 12
ANTHONY CIR NEWTON MA.	Her vehicle is a	2020 Kia uti	lity color	white MA reg.	6ZG351. I observed som	e red
transferred paint on her	passenger side	from the rear	door to th	e front door.	I advised them of proc	ess and I
would look into the trai	ler.					
I was able to find the t	ruck/trailer on	California St	at Dalby S	treet. I look	ed around the trailer	and
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	B 1 1 1					
Carrier Name	Registration #		(From	Vehicle Section)	Carrier Issuing Authority C	ode 35
Address			City			
US DOT #:			•			36
37	Gross Vehicle Weight	38			L	
Trailer Reg #:		Reg State	Reg Yea	r Traile	r Length	
Hazmat Information:	S 21		_ 0 ***	<u>-</u>		
Placard 40 Material 1 dig	rit # 41 Material N	Name		Material 4 digi	it# Release code	42
ROCCO D MARINI		13963	3 ,	NEWTON POLICE DEPARTM	10/13	/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 🗀	1 -	2	₽			
					I	Crash <u>Did Not</u> C a Public Way:	Occur
						Off-Street Parking	; Lot
						Garage	
	į	į į	į	į		Mall/Shopping Ce	enter
						Other Private Way	,
		<u> </u>				icate North by A	rrow
		 		 	- — — —	\bigcirc	
Crash Narrative: observed a minor scratch							
to him. At this time it							
known.	appears with the	e craiter scra	acen being min	or a reas	onable person	would have he	
Update: Monday October 1	.9, 2020						
I spoke with the oper of		ne stated he w	was on Washing	ton Stree	t near Whole E	oods travelir	
westbound with the truck							
trailer was always in th							
		ine and drain		ie contac		TIEG HIM.	
I advised him of the cra	ish process.						
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Traine (2034) Tristy Mindale)		7.00.055					Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carrier Iss	suing Authority Cod	e 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 State	Reg Year	T_{rs}	ailer Length		
Hazmat Information:	105 1 ypc	Reg Suite	105 100	116	Dengui		
Placard 40 Material 1 dig	git # 41 Material I	Name		_ Material 4 o	ligit #	_ Release code	42
ROCCO D MARINI		1396	2	ON POLICE DEPARTM		10/13/20	200

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)