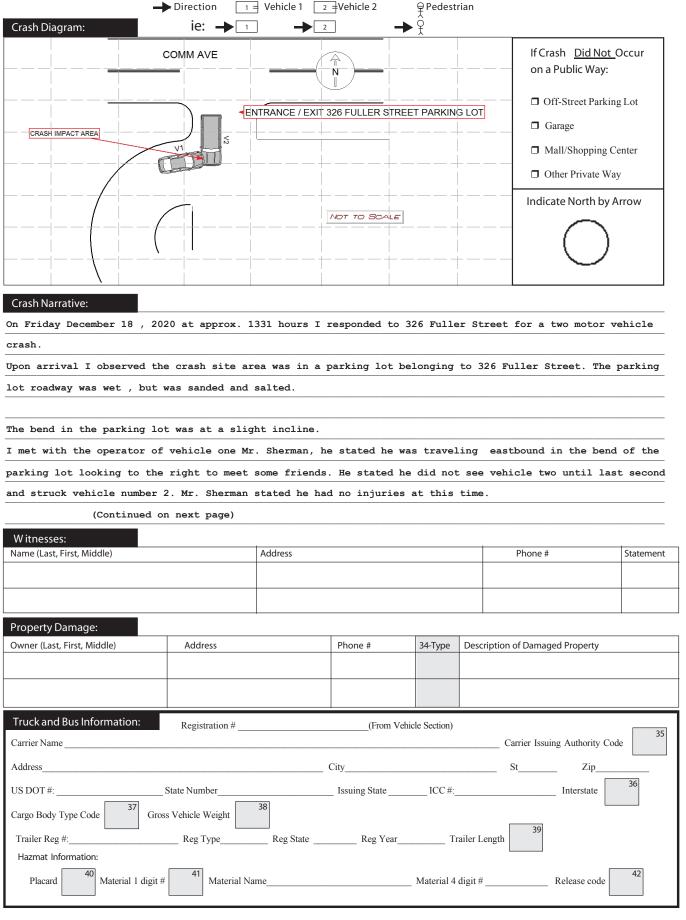
| | Poli | ice Use Only | | Commonwe | alth o | of Mass | achı | isetts | 5 | | RM | V Docui | ment Number | | |
|-----------------------|--|---|--------------------|-------------------------------------|---|---|---|--------------------------|--------------|--------------------|--------------------------------|-----------------------|---|------------|--|
| | Date of Crash 12/18/2020 | Time of Crash 13:31 24HF | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | | red La | eed Lim titude _ ngitude | | State Police Local Police MBTA Police Other: | X 1 | |
| | | | RSECTION: | | LOCAT | | > | _ | | | | | CTION: | | |
| | | | | | | EAST | 326 | j | FULI | LER ST | | | | | |
| 1 1 | Route# Direction Name of Roadway/Street At | | | | Route# Direction Address# Name of Roadway/Street | | | | | | | | | | |
| | | | | | Feet NSEW of or Exit Number | | | | | | | | | - | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | Feet NSEW of | | | | | | | | | |
| 1 | | | | | Route# Intersecting Roadway/Street Feet N S E W of | | | | | | | | | | |
| 3 | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | |
| | XVehicle1 | #Occupants | Number | | 20 | 000000752 | 2 | | | | | | | | |
| | License # St MA DOB/Age 18 18 19 | | | | Reg # 1NDV87 Reg Type PAN Reg State MA 20 | | | | | | | | | _ | |
| | Sex_M Lic. | Class D | Lic. Restriction | CDLEndorsment | | ear_2019 | | | | | | _Veh Co | |] _ [: | |
| 1 1 | Operator SHI | ERMAN Last INDERMERE I | ALEXANDEI First | Middle | Owner HYUNDAI LEASE TITLING TRUST Last First Middle 2075 PROKAINDO BLVD | | | | | | | | | | |
| | Address OF VI | | | ota MA 7 in 02466 | Address 2975 BRCKNRDG BLVD City DULUTH State GA Zip 30096 | | | | | | | | - | | |
| | City NEWTON State MA Zip 02466 Insurance Company AMICA MUTUAL INS | | | | | Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | nree) | |
| 5 | 1 | Vehicle Travel Direction: NSXW Responding to Emergency? N | | | | | Event Sequence $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | | |
| | Citation # (If I | ssued) | | | Most I | Harmful Event | 1 23 | | | (I) 4 | 9 | $\langle \rangle$ | 10 Underca 5 11 Totaled | rriage | |
| | Violation | 1: ChSe | ec Violation | 2: ChSec | Driver | Contributing C | | 19 24 | 24 | | | | 6 | | |
| 2 | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Underride/Override Towed N | | | | | | | | | |
| | Name (Last Fir | | | Address | | Age/DOB | Sex 1 | 26 Safety Sos. System | 1 Status 2 | Switch Co | de Code | Status C | ransp. ode Medical Fac | ility | |
| | Operator | | | See Above | | | | 99 | 4 | 99 0 | 0 | 10 1 | L | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ⁷ 9 | Please Select C | I X Vehic | le2 1_#Occupan | is Non-Motorist A Ty | ype 1 | 4 Action | 15 Loca | ation | 16 Co | ondition | 17 | ПП н | it/Run | ped | |
| | License# | | St M | A DOB/Age | Reg# | Reg # 6863ZB Reg Type PAN Reg State MA | | | | | | State MA | - | | |
| | Sex_M Lic. Class D 18 Lic. Restrictions 1 CDL | | | | | | | | | | | | 20 | | |
| 1 | Endorement | | | | Owner (Same as operator) | | | | | | | | | _ | |
| _ | Address 6 CRAFT RD | | | | | Last First Middle Address | | | | | | | | _ | |
| | City NATICK State MA Zip 01760 | | | | | City State Zip | | | | | | | | - | |
| | Insurance Company USAA CASUALTY | | | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) | | | | | | | | iree) | |
| | Vehicle Travel Direction: NXEW Responding to Emergency? N | | | | | Event Sequence 1 22 10 Undercarriage | | | | | | | | rriage | |
| | Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec | | | | | Most Harmful Event 1 24 1 5 11 Totaled Driver Contributing Code 1 24 24 | | | | | | | | | |
| | | n 3: ChS | | Underride/Override 25 Towed Y 8 7 6 | | | | | | | | | | | |
| | Pl | ease fill out fo | | occupants involved | | | 6 | 26 27 Seat Safety | 28 Airbag | 29 3 Airbag Eje | 30 31 Trap | 32 Injury Tr | 33 ransp. | ailit: | |
| | Name (Last Fi | rst Middle) Non-Motorist | | See Above | | Age/DOB | Sex | Pos. System | M Status | Switch Co | ode Code 0 | 9 1 | Code Medical Fa | cility | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



| | Direction 1 | | _≠Vehicle 2 | Pedestria | an | | |
|---------------------------------------|-------------------------------------|---------------|----------------|-------------------------------|---|---------|--|
| Crash Diagram: | ie: → 1 | 2 | □ → | · } | | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur | |
| | | | | | — | g Lot | |
| | | | | | ☐ Garage | | |
| | - — — — — — | | | + | | | |
| | | | | | — — Mall/Shopping C | enter | |
| | | | į | į | ☐ Other Private Wa | у | |
| | | | | | Indicate North by A | Arrow | |
| | | | | + | | | |
| | | | | | | | |
| | | | | | | | |
| Crash Narrative: | | | I | | | | |
| I then met with operator of | f vehicle two N | Mr. Nill, he | stated he trav | eled into | the parking lot from Com | m Ave | |
| heading south. He stated as | s he was travel | ling in the | parking lot wh | en he obs | erved vehicle one coming | around | |
| the bend so he stopped to | let vehicle one | e travel thro | ugh. He stated | while he | was stopped the operator | `s | |
| attention was to the right | (south) and ve | ehicle one st | ruck his vehic | le. Mr. N | fill stated he had slight | | |
| pain in the neck area from | the impact but | t refused med | ical treatment | | | | |
| Todys towing arrived on sc | ene and towed v | vehicle two t | o their tow lo | t due to | the damage. All proper pa | perwork | |
| was completed for towed ve | hicle. | | | | | | |
| All parties advised of the | process and if | f any medical | conditions ch | ange. | | | |
| | | | | | | | |
| | | | | | | | |
| W:transaction | | | | | | | |
| Witnesses: Name (Last, First, Middle) | | Address | | Phone # | Statement | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | Adduses | | Phone # | 24 Tune | Description of Descript Drawouts | | |
| Owner (Last, First, Middle) | Owner (Last, First, Middle) Address | | | 34-Type | Description of Damaged Property | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehi | cle Section) | | 35 | |
| Carrier Name | | | | Carrier Issuing Authority Cod | Carrier Issuing Authority Code | | |
| Address | | City | | St Zip | | | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 | |
| Cargo Body Type Code 37 Gros | ss Vehicle Weight | 38 | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trai | iler Length 39 | | |
| Hazmat Information: | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material N | ame | | Material 4 di | igit# Release code | 42 | |
| | | | | | | | |
| ROCCO D MARINI | | 13963 | | N POLICE DEPARTA | 12/18/2 | 1020 | |

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)