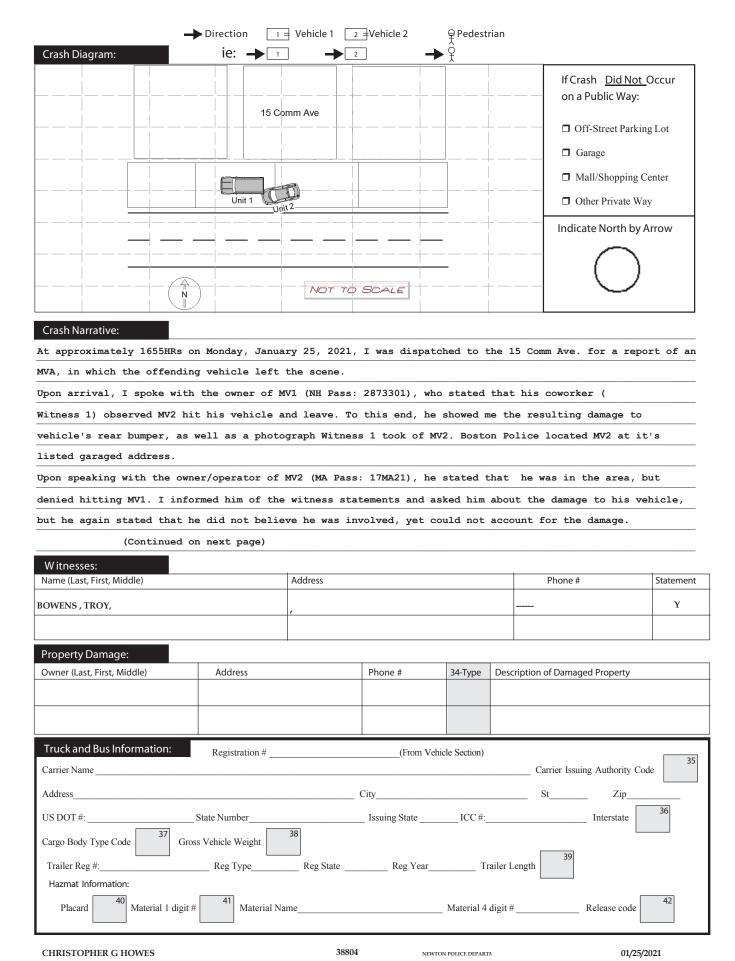
Date of Crash of 1/25/2021 Time of Crash of 16:58 NEWTON NewTON Police Report Vehicles 2 0 Number Vehicles Local Police Local Police MBTA Police Local Police MBTA Police Not AT INTERSECTION: AT INTERSECTION: S NOT AT INTERSECTION: Name of Roadway/Street Not AT INTERSECTION: Not AT INTERSECTION: Not AT INTERSECTION:
AT INTERSECTION: AT INTERSECTION: Note
Route# Direction Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Landmark License# St DOB/Age Reg# 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions Operator Owner LOSCIUTO FRANCIS
Route# Direction Name of Roadway/Street At Feet NSEW of Mile Marker or Exit Number Feet NSEW of Mile Marker Feet NSEW of Mile Marker Intersecting Roadway/Street Feet NSEW of Mile Marker SEX DOB/Age Reg# 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions Operator LOSCIUTO FRANCIS
At Feet NSEW of Mile Marker Exit Number Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Feet NSEW of Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Landmark License# St DOB/Age Reg# 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2011 Veh Make NISS Veh Config. 2 Operator Owner LOSCIUTO FRANCIS
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Also at Intersection with Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark License# St DOB/Age Reg # 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2011 Veh Make NISS Veh Config. 2 Operator Owner LOSCIUTO FRANCIS
Also at Intersection with Feet N S E W of Feet N S E W of Route# Direction Name of Intersecting Roadway/Street This is a content of the section Roadway/Street Also at Intersection with Feet N S E W of Landmark This is a content of the section Roadway/Street The section Roadway/Street License # St DOB/Age Reg # 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2011 Veh Make NISS Veh Config. 2 Operator Owner LOSCIUTO FRANCIS
Route# Direction Name of Intersecting Roadway/Street St DOB/Age Reg # 2873301 Reg Type PAN Reg State NH
Case Number
License # St DOB/Age Reg # 2873301 Reg Type PAN Reg State NH Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2011 Veh Make NISS Veh Config. 20 Operator Owner LOSCIUTO FRANCIS Case Number 2100000045 20 Operator 200000045 2000000045 200000000000000000000000000000000000
Sex_ Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year 2011 Veh Make NISS Veh Config. 20 Operator Operator Owner LOSCIUTO FRANCIS
Sex Lic. Class
Endorsment Owner LOSCIUTO FRANCIS
Last First Middle Last First Middle
1 Address Address Address Address
City State Zip City DERRY State NH Zip 03038
Insurance Company GEICO Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)
5 Valida Tanal Direction N. S. F. W. Bernardine to Empressed N. Frank Samura 22 22 22 22 3 4
1 Venicle Travel Direction. Responding to Emergency: Event Sequence 1 Citation # (If Issued) 10 Undercarriage 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
Please fill out for operator and all occupants involved Seat Sept Sept
Name (Last First Middle) Address Age/DOB Sex Pos. \$ystem Status \$witch Code Code \$fatus Code' Medical Facility Operator See Above
Please Select One of the Following: Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped
License# St MA DOB/Age Reg # 17MA21 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2013 Veh Make HYUN Veh Config. 1
Endorsment Owner (Same as operator)
Address 232 FOSTER ST Address
City BRIGHTON State MA Zip 02135 City State Zip
Insurance Company COMMERCE Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: NSEN Responding to Emergency? N Event Sequence 2 22 22 22 22 22 3 4
Citation # (If Issued) 10 Undercarriage 5 11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24
Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch (Code Code Istatus Code Medical Facility
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility Operator/Non-Motorist See Above



Date

,	Direction 1	Vehicle 1 2	Vehicle 2	Pedesti	ian	
Crash Diagram:	ie: 🕕 🛚 1		□ →	₽		
					If Crash <u>Did Not</u> Oc on a Public Way:	ccur
					Off-Street Parking I	Lot
					Garage	
					☐ Mall/Shopping Cen	ter
					☐ Other Private Way	
	- — — — — —	+			Indicate North by Arr	ow
Crash Narrative:						
Upon speaking with Witness he observed M2 attempt to					e. at approximately 1650HRs, 2 was parked behind MV1).	when
MV2 then scrapped MV1 whil	e attempting t	to do so, cau	sing MV1 to ro	ck forwa	rd. Witness 1 then took a pi	cture
of MV2's rear license plat	e .					
I observed scratches to th	e rear driver's	s side bumper	area of MV1 a	and scrat	ches to the front passenger	s side
bumper area of MV2, along	with a slight	separation o	of the bumper of	cover of	MV2 and it's mounting points	s on
the same side. Both vehicl	e's damage was	consistent w	rith Witness 1'	s accoun	t of a vehicle scraping a pa	arked
vehicle, as it attempted t	o exit a parkir	ng spot from	the rear. It s	should be	noted that the damage to bo	oth
vehicles appeared minimal	and it is plaus	sible that th	e operator of	MV2 may	not have known about the	
(Continued o	n next page)					
Witnesses:		Address			Dhana #	Ctatana ant
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
	Address		Phone #	34-Type	Description of Damaged Property	
	Address		Phone #	34-Type	Description of Damaged Property	
Owner (Last, First, Middle) Truck and Bus Information:	Registration #					35
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration#		(From Vehi	icle Section)	Carrier Issuing Authority Code	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registration#		(From Vehi	icle Section)	Carrier Issuing Authority Code	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number		(From Vehi	icle Section)	Carrier Issuing Authority Code	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	Registration # State Number ss Vehicle Weight	38	(From Vehi	ICC#:_	Carrier Issuing Authority Code St Interstate	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number ss Vehicle Weight	38	(From Vehi	ICC#:_	Carrier Issuing Authority Code St Interstate	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	Registration # State Number ss Vehicle Weight Reg Type	Reg State	(From Vehi	icle Section) ICC #:Tr	Carrier Issuing Authority Code St Interstate	

Signature

ID/Badge #

Department

Date

Precinct/Barracks

Police Officer Name (Please Print)

	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →□	→ [2	> ♀			
		 		 		If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>				☐ Off-Street Parkin	g Lot
						☐ Garage	
						☐ Mall/Shopping C	enter
			+ + - 			☐ Other Private Wa	у
		·	 			Indicate North by A	Arrow
						\sim	
Crash Narrative:	·	-					
collision. As a result,	the operator of I	MV2 will not	be charged wi	th a hit	and run acc	ident at this t	ime. I
took pictures of both ve							
attached to this report.							
Witnesses:		_					
Name (Last, First, Middle)		Address			Pł	none #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vo	hicle Section)			
Carrier Name				,	Carri	er Issuing Authority Cod	35 de
			City		St	Zip	
US DOT #:							36
37	Gross Vehicle Weight	38	issuing state	ιου π		interstate	
		D 0				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State _	Reg Year_	Tr	aller Length		
Placard 40 Material 1 dig	git # 41 Material N	Jame		_ Material 4	digit #	Release code	42
CHRISTOPHER CHOMES		388	04			01/25/2	1021
CHRISTOPHER G HOWES		300	NEW NEW	TON POLICE DEPART	1	01/25/2	.041

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)