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| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 02/15/2021 | | Time of Crash 09:32 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude _____ Longitude _____ | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/> | | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | 9 | | |
| 30 EAST COMMONWEALTH AVE | | | | | | | | | | 2 | | | | |
| Route# Direction Name of Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | | | 10 | | | | |
| At | | | | Feet N S E W of _____ or _____ | | | | | | 2 | | | | |
| NORTH LOWELL AVE | | | | Mile Marker Exit Number | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of _____ | | | | | | 11 | | | | |
| Also at Intersection with | | | | Route# Intersecting Roadway/Street | | | | | | 3 | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2100000116 | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 7232BE Reg Type PAN Reg State MA | | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ | | | | Veh Year 2016 Veh Make JEEP Veh Config. 2 20 | | | | | | | | | | |
| Operator COSH ROBERT A | | | | Owner (Same as operator) | | | | | | | | 12 | | |
| Address 5 COMEY AVE | | | | Address _____ | | | | | | | | | | |
| City FOXBORO State MA Zip 02035 | | | | City _____ State _____ Zip _____ | | | | | | | | | | |
| Insurance Company PLYMOUTH ROCK | | | | 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 | | | | 1 9 10 Undercarriage | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 3 24 24 | | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 6 7 8 | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 13 | | |
| 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 | | | | | | | | | | | | 1 | | |
| Operator See Above | | | | ----- --- 1 2 99 0 0 10 1 NONE | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 | | |
| License # --- St MA DOB/Age --- | | | | Reg # V86030 Reg Type CON Reg State MA | | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2003 Veh Make FRHT Veh Config. 6 20 | | | | | | | | | | |
| Operator SANTOS GUILHERME | | | | Owner WILD FIFTY SEVENS | | | | | | | | | | |
| Address 25 WILLIS RD | | | | Address 5 MEGAN CT | | | | | | | | | | |
| City FRAMINGHAM State MA Zip 01701 | | | | City MENDON State MA Zip 01756 | | | | | | | | | | |
| Insurance Company PROTECTIVE | | | | Vehicle Action Prior to Crash 1 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | | | 3 4 | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 1 9 10 Undercarriage | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 7 8 | | | | | | |
| 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 | | | | ----- --- 2 4 99 0 0 10 1 NONE | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

COMMONWEALTH AVE
LOWELL AVE
HOMER ST
Unit 1
Unit 2
Unit 1

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:

On February 15th, 2021 at approximately 09:32 hours while working N491 I responded to the intersection of Commonwealth Ave @ Lowell Ave for a reported MV crash.

On my arrival I identified one of the involved parties as Robert Cosh who was operating a 2016 grey Jeep Renegade, ma plate 7232BE. He reported going E/B on Commonwealth Ave and was proceeding through the intersection of Homer St/Lowell Ave when he was struck in the intersection by vehicle #2, FED EX Truck. Mr Cosh was unsure whether his light was red or green.

Operator#2 identified as Guilherme Santos, was operating a 2003 FED EX truck, con plate V86030. He stated he was stopped N/B at the intersection of Homer St @ Commonwealth Ave. He further reported his light turned green then proceeded to go straight across the intersection to Lowell Ave when vehicle #1 went through the

(Continued on next page)

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 # V86030 (From Vehicle Section)

Carrier Name FED EX Carrier Issuing Authority Code 35

Address 5 MEGAN CT City MENDON St MA Zip 01756

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 2 36

Cargo Body Type Code 3 37 Gross Vehicle Weight 1 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS J MCCARTHY NEWTON POLICE DEPART 02/15/2021

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

red light causing the crash.

Mr Santos stated his FED EX truck is equipped with a camera which should either prove or disprove his statement regarding the color of the light prior to the crash

Vehicle #1 was towed due to excessive damage by Tody's towing. There were no injuries due to this accident.

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 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 Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS J MCCARTHY

NEWTON POLICE DEPART

02/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date