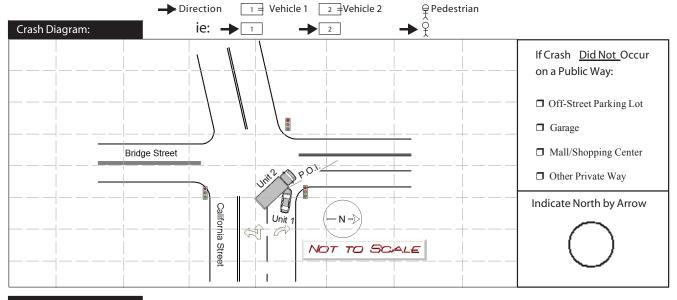
NORTH BRIDGE ST Noute# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Intersecting Roadway		Poli	ce Use Only		Comm	onwealt	th o	f Mass	ach	use	tts			RM	V Doc	umen	t Number	
AT INTERSECTION: COUNTY				1	Town	Motor V	Vehi	icle Cra	sh							- Si	tate Police	□ Xi
NORTH BRUDGE ST Name of Randowy-Name of Name of Randowy-Name o		04/21/2021				Poli	ce F	Report		1	neies	3	1				IBTA Police ther:	
NORTH BRIDGE ST Name of Roadway/Street Roated Direction Address # Name of Roadway/Street 2 16			AT INTER	RSECTION	:	< L(OCAT	TION	>			NO	ТАТ	INT	ERSI	ECT	ION:	\Box _
Router Direction Name of Randonsys\street 2 1		NOR	TH BRIDG	E ST														2
Name of Intersecting Roadways/Street	1 1	Route# Direct	tion	Name	of Roadway/Street		R	Route# Direction	on A	ddress	s #		N	ame of I	Roadwa	ay/Stre	eet	
Route# Direction Name of Intersecting Roadway/Street Fee N S FW of Route# Intersecting Roadway/Street 4 1	_	WES	т CALIFO	ORNIA ST	At			Feet [N S E	W o	f –			•	or			
Feet S E W of Landmark					ting Roadway/Street	t	— [-			_						Е	xit Number	
Peel S W				Also at In	tersection with											v/Street		
Sec. March	2 1															4		
Marchelet 1. Cocupums 1. Highlan 1. Moped Case Number 21000000278		Route# Direct	tion	Name of Inter	secting Roadway/St	reet	Landmark										_	
Sex M Lic Class D 18 18 Lic Restrictions 1 9 CDL Veh Year 2008 Veh Make TOYOTA Veh Config 1 1 1 1 1 1 1 1 1	3	XVehicle1	1_#Occupants	Hit/Ru	n Mopeo	Case Nu	ımber		2	10000	0278							
Sex M Lic Class D 18 18 15 Lic Restrictions 1 19 CDL Veh Year 2008 Veh Make TOYOTA Veh Config 1 20		License#		St ¹	MA DOB/Age		Reg#9	98VC39				Reg T	vpe PA	ΔN	Re	eg Stat	е МА	
4 3 Operator QIU ALAN Endocument Owner TAN JIE MING 1 1			Class D 18 1	8	19				Ve	eh Mak	ke TO						20	
Address 8 HAMILTON AVE City N QUINCY Insurance Company P1YMOUTH ROCK INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	4				Endo	orsment									ING			1
City N QUINCY State MA Zip 02171 Vehicle Travel Direction: X S E W Responding to Emergency? N Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: X S E W Responding to Emergency? N Vehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: X S E W Responding to Emergency? N Most Harmful Event 1 23 Direct Contributing Code 19 24 24 Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved See Above Please fill out for operator and all occupants involved Address 29 WILSHIRE STREET (apt. 1) Address 29 WILSHIRE STREET (apt. 1) Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Veh Warr 2019 Veh Make TRHT Veh Config 6 Owner OlyMPIA MOVERS Owner OlyMPIA MOVERS Please fill out for operator and all occupants involved Nost Harmful Event 1 23 Vehicle Action Prior to Crash 3 21 Owner OlyMPIA MOVERS Please fill out for operator and all occupants involved Nost Harmful Event 1 23 Nost Harmful Event 1 23 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Vehicle Travel Direction: X S E W Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: X S E W Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Directio	3	Address 84 H	Last AMILTON AVE	First	M	iddle		S 84 HAMILTO	ON AV	ENUI	Е	First			Mid	dle		1
Insurance Company PLYMOUTH ROCK INSURANCE Vehicle Travel Direction: S Vehicle Travel Direction: S E V Responding to Emergency? N					State MA Zip 02									State	MA	Zip	02171	
Vehicle Travel Direction: XSEW Responding to Emergency? Now Most Harmful Event 1 23 10 Underarriage Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 23 Towel Now Most Harmful Event 1 23 10 Underarriage Sec Violation 3: Ch Sec Violation 2: Ch Sec Underride/Override 23 Towel Now Most Harmful Event 1 23 10 Underarriage Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 23 Towel Now Most Harmful Event 1 23 10 Underride/Override 24 10 Underride/Override 25 Towel Now Most Harmful Event 1 23 10 Under Interest Models Name (Last First Models) Name (Last First Models) Name (Last First Models) Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped 1		· · · · · · · · · · · · · · · · · · ·							o Crash		3 21							e)
Citation # (If Issued) Citation # (Issued) Cit	5	Vehicle Travel	Direction:	S E W R	esponding to Emerg	gency?_N	Event S	Sequence 1	22 2		-	22 ()	3		4		
Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved Name Clark First Middle) Please fill out for operator and all occupants involved Name Clark First Middle) Please fill out for operator and all occupants involved Name Clark First Middle) Please fill out for operator and all occupants involved Name Clark First Middle) Please Select One of the Following: See Above Name Clark First Middle) Non-Motorist A Type	1						Most H	Iarmful Event	1 2.	3					$\langle $			age
Please fill out for operator and all occupants involved Address AgeDOB Sec. No. Sec. Mode Spirity Middle Spirity And Spirity Plansport Facility Operator See Above Please Select One of the Following: License # St. MA DOB/Age See Mode Sec. Mode Spirity Plansport Facility To the Following: License # St. MA DOB/Age See Move See Move See Move Please Select One of the Following: License # St. MA DOB/Age COPPOLA ROBERT CHRISTOPHER Middle Address 29 WILSHIRE STREET (Apt. 1) Operator COPPOLA ROBERT CHRISTOPHER Middle City WINTHROP State MA Zip 02152 City WATERTOWN State MA Zip 02472 Vehicle Tavel Direction: X Se Wiolation 2: Ch. See Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sec. Ps. System State Ma Spirit Rapper Facility North Medical Facility North Medical Facility Vehicle Tavel Direction: To See Violation 2: Ch. See Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) AgeDOB Sec. Ps. System State State State Medical Facility North		Violation	1: ChSec	Violati	on 2: ChSec	;	Driver (ا Contributing C	ode	19 24	4	24					11 Totaled	
Operator See Above Non-Motorist A Type 14	⁶ 1	Violation	3: ChSec	e Violati	on 4: ChSec	;	Underride/Override Towed N 6											
Operator See Above Please Select One of the Following: Sex M Lic. Class D 18 18 Lic. Restrictions 1 9 CDL Endorsment CHRISTOPHER Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: We sex M Lic. Class D 18 E W Responding to Emergency?N Citation # (If Issued) Violation 1: Ch See Violation 2: Ch See Underride/Override Please fill out for operator and all occupants involved Name (Last Finst Middle) Address Sex Above Age Type CON Reg State MA Veh Year 2019 Veh Make FRHT Veh Config 6 Owner OLYMPIA MOVERS Address 17 BRIDGE ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 20 3 3 10 Undercrarriage Finst Middle) Volution 3: Ch See Violation 4: Ch See Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator Non-Motorist See Above Operator Sequence 1 20 20 20 0 0 0 0 10 1 NONE Please fill out for operator and all occupants involved Name (Last First Middle) Operator Non-Motorist Sex Above Operator Non-Motorist Operator No		1 1					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								1 1			
Color Colo			st Middle)					Age/DOB	Sex					ic code	status			y -
Color Colo																		
Color Colo																		
Color Colo																		
Color Colo	7																	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment CHRISTOPHER Owner OLYMPIA MOVERS Operator COPPOLA ROBERT CHRISTOPHER Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 City WATERTOWN State MA Zip 02472 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 20 3 4 10 Undercarriage S 11 Totaled Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override 25 Towed N 8 7 6	2		I X Vehicle	2 <u>2</u> #Occup	ants Non-Mo	torist A Type	14		Loc	cation	1	6 Con	dition	17		Hit/Ru	ın Mope	ed
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment CHRISTOPHER Owner OLYMPIA MOVERS Operator COPPOLA ROBERT CHRISTOPHER Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 City WATERTOWN State MA Zip 02472 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 20 3 3 10 Undercarriage S 11 Totaled Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Department of the company of the com		License#		Çt :	MA DOR/Age		Reg # T74064 Reg Type CON						P.c	Pag Stata MA				
Operator COPPOLA ROBERT CHRISTOPHER Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address 17 BRIDGE ST City WATERTOWN State MA Zip 02472 Damaged Area Code: (Circle Up to Three) Which action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) What Harmful Event 1 23 What Harmful Event 1 23 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Sex Sect Safety stands which a Code Code Status Code Medical Facility Operator/Non-Motorist See Above		18 18 19													20			
Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152 Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: Vehicle Travel Direction: Vehicle Travel Direction: Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Operator/Non-Motorist State MA Zip 02472 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 O O O O O O O O O O O O	8		Endovement															
City WINTHROP State MA Zip 02152 City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash Vehicle Action Prior t	1	Address 29 WILSHIRE STREET (apt. 1) City WINTHROP State MA Zip 02152					Last First Middle										-	
Insurance Company ACE AMERICAN INSURANCE COMPANY Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)															02472			
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)							-		Crash		21		Damag					e)
Citation # (If Issued)								venicle Action 11to to Clash 3										
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 8 7 6 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility Operator/Non-Motorist See Above							Most Harmful Event 1 23									age		
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Operator/Non-Motorist See Above Age/DOB Sex First Middle) Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above Operator/Non-Motorist Sex Pos. System Status Switch Code Code Status Code Medical Facility NONE Operator/Non-Motorist Operator/Non-Motorist Operator/Non-Motorist Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist Operato		Violation 1: ChSec Violation 2: ChSec						24 24 5 11 Totaled										
Please fill out for operator and all occupants involved Name (Last First Middle) Operator/Non-Motorist See Above Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist Sec Above																		
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above		Ple	ease fill out for		all occupants invo	olved				26 Seat	27 Safety A	28 Airbag Air	29 3 bag Eje	0 31 ct Trap	32 Injury	Transp.		\dashv
COLON- COLIENDO ILIAN 87A MELENDY AVENUE M 3 2 4 99 0 10 1 NONE									Sex	Pos.	System	Status S	witch Co	ode Code	Status	Code		ity
WATERTOWN, MA 02472		1		I	87A MELENDY AVI	ENUE			М									\dashv
			,,	· ·	WATERTOWN, MA	. U2472					-	-	-			-		$\overline{}$
												_						



Crash Narrative:

Operator of Motor Vehicle #1 stated he was on California Street Westbound in the right turn only lane
attempting to turn right (Northbound) onto Bridge Street. Operator of Motor Vehicle # 1 stated that

Motor Vehicle #2 was in the left lane next to him and took a wide turn onto Bridge Street and struck the
front end of his vehicle causing moderate front end damage.

Operator of Motor Vehicle # 2 stated that he was traveling Westbound on California Street and was taking a right turn onto Bridge Street. Operator of Motor Vehicle #2 stated that he had his right turn signal on and was in both lanes due to the box truck having to make a wide turn. Operator of motor vehicle #2 stated that motor vehicle #1 ignored his turn signal and squeezed in the right lane in an attempt to make a right turn onto Bridge Street. Motor vehicle number #2 sustained minor drivers side damage.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Description of Damaged Property						
Truck and Bus Information:	Registration # T740	64	(From Vehic	le Section)			35		
Carrier Name OLYMPIA STROAGE C	OMPANY				Carrier Issu	ing Authority Cod			
Address 17 BRIDGE STREET		(City_WATERTOWN St_MA Zip_02472						
US DOT#: 597632		Issuing State MASSA(ICC#: Interstate 2 36							
Cargo Body Type Code 6 Gross	s Vehicle Weight 2	38			20				
Trailer Reg #:	Reg Type	Reg Year	Tra	ailer Length 39					
Hazmat Information:									
Placard 40 Material 1 digit #	ne	Material 4 digit # Release code 42							

-	Direction 1	→ Vehicle 1	2_≢Vehicle 2	Pedestr	rian		
Crash Diagram:	ie: → 1	→	2	> ♀			
				Ĭ	on on on	Grash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow	
Crash Narrative:							
No parties were injured d	ue to this acci	dent and neit	ther vehicle w	as towed.			_
							_
							_
							_
							_
							_
							_
							_
							_
							_
							_
Witnesses:							
Name (Last, First, Middle)		Address			Phone i	# Stateme	nt
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	iged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name				,	Carrier Issu	uing Authority Code	35
Address			City		St		
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate 36	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
		D Cr. r	D 37	T.	39		
Trailer Reg #:	Keg Type	Keg State	Keg Year_	Tr	aner Length		
Hazmat Information:	<i>A</i> 1					42	
Placard 40 Material 1 digit	# Material N	Vame		_ Material 4	digit #	_ Release code 42	
ZOI H LAZARAKIS			NEWI	ON POLICE DEPART!		04/21/2021	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)