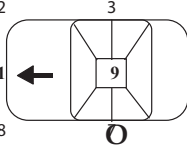
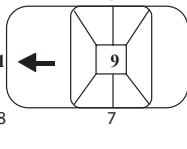


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																								
Date of Crash 05/23/2021		Time of Crash 16:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ 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																																																																			
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10																																																																		
						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																																																																									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11																																																																		
2						Feet N S E W of _____ Landmark																																																																									
3	<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants					<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 210000375																																																																							
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____					Reg # 7WD843 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20							12																																																																		
4	Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company USAA					Owner BUCCACIO RICHARD Last First Middle Address 26 CAVANAUGH PATH City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							13																																																																		
	Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																																														
5	Please fill out for operator and all occupants involved																																																																														
	<table><tr><td>Name (Last First Middle)</td><td>Address</td><td>Age/DOB</td><td>Sex</td><td>26 Seat Pos.</td><td>27 Safety System</td><td>28 Airbag Status</td><td>29 Airbag Switch</td><td>30 Eject Code</td><td>31 Trap Code</td><td>32 Injury Status</td><td>33 Transp. Code</td><td>Medical Facility</td></tr><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													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	See Above	-----	---	---																																																
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7	Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																																																																														
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Unit 3

Unit 2

Unit 1

Unit 1

Unit 1

NOT TO SCALE

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:

MV 1 was traveling straight westbound on Washington St when an unknown vehicle cut her off and forced her to change lanes. When the operator of MV 1 changed lanes she rear ended MV 2 and side swiped MV 3. MV 1 sustained major damage to the front right and right side causing it to be disabled. MV 1 was towed by Tody's towing. The operator of MV 1 did not get any plate information or description of the vehicle that cut her off.

MV 2 was legally parked on the side of the right lane facing westbound when MV rear ended him. MV 2 sustained heavy damage to the left rear of the vehicle causing it to be disabled. MV 2 was towed by Tody's towing.

MV 3 was legally parked ahead of MV 2 and unoccupied. MV 1 side swiped MV 3 after rear ending MV 2 causing minor damage to the drivers side rear door. The owner of MV 3 was made aware of the accident.

(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 # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DONALD MURPHY **NEWTON POLICE DEPARTMENT** **05/23/2021**

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

CDP1 11 -24-00

