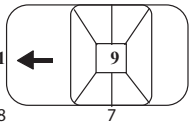
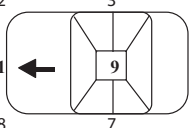


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/13/2022		Time of Crash 09:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 1169 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												7	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000309							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company CRUM & FORSTER INDEMNITY				Reg # E92858 Reg Type TRN Reg State MA Veh Year 2020 Veh Make NVAE Veh Config. 8 20 Owner CONSTRUCTION WES Address 650 INDUSTRIAL DR City HALIFAX State MA Zip 02338 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								12	
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 _____				10 Undercarriage 5 11 Totaled 								13	
Please fill out for operator and all occupants involved				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code								10	
Name (Last First Middle) Address Age/DOB Sex				Operator See Above -----									
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 --- Sex F Lic. Class [D][18][18] Lic. Restrictions [9][19] CDL _____ Operator MACINTOSH HELEN SUH Address 1169 COMM AVE City NEWTON State MA Zip 02465 Insurance Company BANKERS STANDARD				Reg # 7GKA20 Reg Type PAN Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20 Owner LEASE TRUST TOYOTA Address BX 105386 City ATLANTA State GA Zip 30348 Vehicle Action Prior to Crash [10][21] Event Sequence [10][22][22][22][22] 2 Most Harmful Event [10][23] Driver Contributing Code [99][24][24] Underride/Override [25] Towed N								13	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 5 11 Totaled 								10	
Please fill out for operator and all occupants involved				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code									
Name (Last First Middle) Address Age/DOB Sex				Operator/Non-Motorist See Above ----- 99 4 99 0 0 99 1									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR							Latitude	Local Police	<input type="checkbox"/>	
								Longitude	MBTA Police	<input type="checkbox"/>	
									Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Landmark					
Route# Direction Name of Intersecting Roadway/Street											
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped					
License # St DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20								
Endorsment			Owner Last First Middle								
Operator Last First Middle			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6					
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			See Above			-----					
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 5 Condition 17 97		
									<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # St DOB/Age			Reg # Reg Type Reg State								
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20								
Endorsment			Owner Last First Middle								
Operator MACINTOSH DAVID			Address								
Address 1169 COMMONWEALTH AVE			City State Zip								
City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company			Event Sequence 22 22 22 22			2 3 4					
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 23			1 9 10 Undercarriage					
Citation # (If Issued)			Driver Contributing Code 24 24			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec											
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			-----					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1169 Comm Ave driveway

Unit 2

Unit 1

Comm Ave W/B carriage rd

**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:**

On 4/13/22 at 0915hrs I was dispatched to 1169 Comm Ave for an MVA. The RP on scene was identified as Mr Dustin Aguiar, a Wes Construction employee. Aguiar stated he was called by his office whom informed him the resident from 1169 Comm Ave, later determined to be Ms Helen Macintosh, reported to them that she had just collided with the back of their trailer that was parked on the carriage road. Macintosh was backing out of her driveway at which time her MV rear end struck the trailer. While Macintosh was reporting the accident she was also complaining about the trailer location blocking their driveway resulting in the collision. The Wes office requested a MV accident report from this incident. Aguiar nor any other Wes employee witnessed the accident. On my arrival, Macintosh was not present and I did not observe any trailer parking violations nor the driveway being blocked. No damage to the trailer, only superficial paint transfer. Unknown damage to

(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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	04/13/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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:

Macintosh's vehicle.

I was able to raise Macintosh's husband at the residence, Mr David Macintosh (lessee). Mr Macintosh stated his wife also called him to report the accident and he in turn called MWRA (contractor supervising sub contractor Wes) to complain. He stated Mrs Macintosh was unavailable at this time to speak but, he stated voluntarily and on her behalf, she in fact was operating their '19 Toyota Highlander (MA reg 7GKA20) that struck the trailer. I properly advised him including that this collision will be documented at the request of Wes.

Wes is satisfied with the documentation of this collision.

#### 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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

04/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date