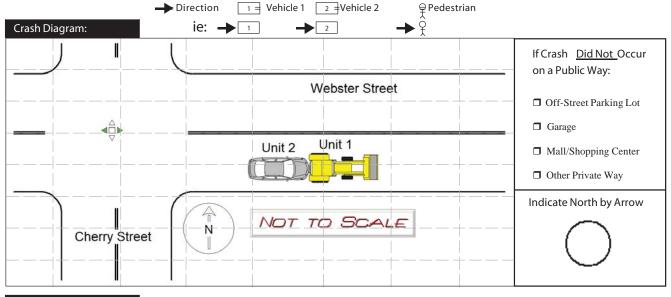
	Poli	ice Use Only		Commony	wealth	of Mass	sachı	isett	S		RM	V Docun	nent Number	
	Date of Crash 01/29/2019	Time of Crash	City/To	wn Mot	tor Vel	hicle Cr	ash	Numbe Vehicle			eed Limi		State Police Local Police MBTA Police	□ Xì
	01/29/2019	11:53 24HR	NEWTON		Police	Report		2	1		ngitude_		Other:	
		AT INTER	SECTION:	<	LOCA	TION	>		N(T AT	INT	ERSEC	CTION:	2
	NOR	TH CHERR	Y ST											2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of	Roadway/Street		Route# Direct	tion Ac	ldress #		N	ame of I	Roadway/	Street	$ 2^1$
	EAST	г WEBST		Feet NSEW of or								<u>-</u>		
	Route# Direc		Vame of Intersectin	g Roadway/Street						e Marker			Exit Number	_
			Also at Inters	ection with		Feet N S E W of Route# Intersecting Roadway/Street							lway/Street	-
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$						Feet	N S E	W of				8		2
	Route# Direct	tion	Name of Intersec	ting Roadway/Street		Landmark								
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	19	90000011	8					
	License#		St MA	DOB/Age	Reg	# M84236			Reg	Type M	VN	Reg	State_MA	
	Sex_M Lic. 0	18 1		19	_	Year 2011	Vel	h Make V					20	_
4	Operator BRY		JOHN	Endorsment	f	er CITY OF NI							ъ.	- 1 ¹
1	Address 110 C	Last CRAFTS STREET	First	Middle		ess 110 CRAFT			First			Middle		_ 1
	City NEWTO			te_MA Zip_02458		NEWTON					State	MA 7	Zip 02458	_
		pany SELF INSU		r		cle Action Prior	to Crash	2	21				Circle Up to Thr	ree)
5	1	Direction: N		onding to Emergency?_		22 22 22 23 2 3 4							4	
	Citation # (If Is		74			Harmful Event	1 23	<u> </u>				A)	10 Undercari	riage
			Violation	2: ChSec		er Contributing (1 24	24	1	9	$\left\{ \left \cdot \right \right\}$	11 Totaled	
⁶ 1	1			4: ChSec		erride/Override	25		ed N	8	7		6	
		fill out for opera		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						1				
	Name (Last Fire	st Middle)		Address See Above		Age/DOB	Sex	Pos. \$ystei	n Status \$	witch Coo	de Code	\$tatus Co	Medical Facili	ity 1
	op								*	0		3 1	- 4	
2	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupant	s Non-Motorist A	А Туре	Action Action	Local	ation	16 Co	ndition	17	Hit	:/Run	ped
	License #		St NJ	DOB/Age	Reg		Reg Type_PAN							
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Year 2013 Veh Make VOLKS WAGON Veh Config.						nfig. 20			
⁸ 2	Operator BEL	L Last	ANDREW	G Endorsment	t Own	Owner (Same as operator) Last First Middle Address City State Zip Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								_
	Address 49 M	ERRITT AVENU	JE		Addr									_
	City BERGEN	IFIELD	Sta	te_NJZip_07621	City									_
	Insurance Com	pany ALLSTAT	Е		Vehi									ree)
	Vehicle Travel	Direction: N	Even	Event Sequence 1 22 22 22 22 3 4										
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	Violation 1: Ch_19/71_Sec Violation 2: ChSec Driver Contributing Code 5 24 19 24								VÍ					
	Violation	n 3: ChSe	ec Violation	Unde							6			
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A	29 3 irbag Eje	0 31 Trap ode Code	Injury Tra	33 nsp. ode Medical Faci	ility
		Non-Motorist		See Above		Age/DOB		99		99 0	0	3 2	NEWTON WELLES	



Crash Narrative:

On Tuesday, January 29, 2019, while assigned to Traffic unit N525, I responded to the intersection of Cherry Street and Webster Street, Newton for a report of a motor vehicle accident involving a City of Newton owned vehicle. Cherry Street and Webster Street are both public ways maintained by the City of Newton. The weather at the time of the accident was overcast. The road surface was dry.

The operator of MV1, John Bryant III (MA: S61611545), stated he was operating a City of Newton owned Volvo BL70 (MA MVN: M84236) Eastbound on Webster Street past Cherry Street. Bryant stated as he came to a stop in traffic, MV2 crashed into the rear of the vehicle he was operating. I observed minor damage to the rear bucket area of MV1. Bryant reported no injuries on scene and signed a patient refusal with Newton Medics. Bryant works for the Utilities Department with the DPW.

(Continued of	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damage	ed Property
,,	,			3	ВАСКНОЕ	
	<u> </u>		·			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		
Truck and Bus Information: Carrier Name				ŕ	Carrier Issuir	ng Authority Code
			,			ng Authority Code
Carrier Name			City		St	Zip
Carrier Name Address US DOT #: 37	State Number		City		St	Zip
Carrier Name Address US DOT #: 37			City		St	Zip
Carrier Name Address US DOT #: 37	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #:_ Tr	St	Zip

MICHAEL R GAUDET		NEWTON POLICE DEPARTM	01/29/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

⊣	Direction	n <u>1</u>	_= Veh	icle 1	2 #Vehicle 2	5	Pedestr	ian			
Crash Diagram:	ie:	1		→□	2	→ 9	À				
									If Crash on a Pub	<u>Did Not</u> C)ccur
										·	
									☐ Off-Str	reet Parking	Lot
	_					<u> </u>			☐ Garage	2	
									☐ Mall/S	hopping Ce	nter
									☐ Other	Private Way	
						+			Indicate N	lorth by Ar	row
	_ _		 							$\overline{}$	
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Crash Narrative:			200040								
The operator of MV2, Andre (NJ: C54KKJ) Eastbound on											
too close while they were											
looked down quickly but do											
could not avoid crashing i											
area of MV1. Bell was tran											
Massachusetts Uniform Cita											
Too Closely) .						2 0-0				(10110	
Pictures were taken of bot	n venici	es and	submi	ittea t	o the IT i	ureau.					
W itnesses: Name (Last, First, Middle)			Addre	200					Phone #		Statement
Name (Last, 1 list, Middle)			Addie	-33					1 Hone #		Statement
Property Damage:					DI "		24.7	D	(0 10		
Owner (Last, First, Middle)	Addres	S			Phone #		34-Type	Descriptio	n of Damaged Pr	operty	
Truck and Bus Information:	Registra	tion#			(Fi	om Vehicle	Section)				
Carrier Name									Carrier Issuing A	uthority Code	35
Address					City				St	Zip	
US DOT #:	State Number	er			Issuing Sta	te	_ ICC #:_		Int	erstate	36
Cargo Body Type Code 37 Gros	ss Vehicle We	eight	38								
Trailer Reg #:			Re	eg State	Rea	Year	Tr	niler Lenoth	39		
Hazmat Information:	1.05 1 9]		100	-5 Suite _	Reg		110	ci Dengui			
Placard 40 Material 1 digit #	# 41 N	Aaterial N	Jame			N	Material 4 o	ligit#	Rele	ase code	42
											_ -
MICHAEL R GAUDET						NEWTON B	OLICE DEPARTS			01/29/20	10

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)











