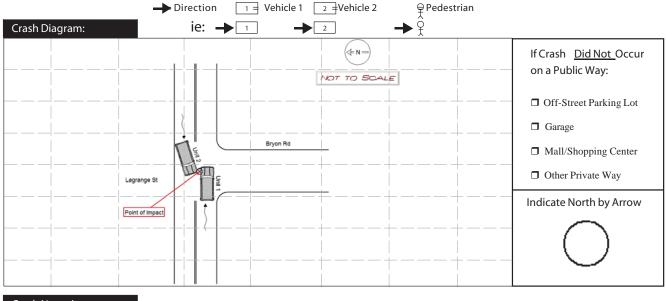
	Poli	ice Use Only		Comn	nonwea	lth o	of Massa	achi	uset	tts			RMV	Docur	ment Ni	umber		
	Date of Crash 02/12/2019	Time of Crash 15:45	City/ NEWTON	Γown			icle Cra	sh	Num Vehi	cles Inj	ured	Speed Latitu	de		State Local MBT	Police Police A Police	NA NA	
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	SOU	TH BRYON	N RD														ŀ	_
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	EAST LAGRANGE ST						Feet 1	N S E	W of		• or					₋⊦	_	
	Route# Direc	ction N	Name of Intersec	ting Roadway/Str	reet				_		lile Ma	rker			Exit N	Number		
			Also at Int	ersection with			Feet [N S E	W of		oute#	——In	tersect	ing Roa	ıdway/St	reet	-	
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	Route# Direct	tion	Name of Inter	secting Roadway	/Street	Landmark									_			
3	XVehicle1	2_#Occupants	☐ Hit/Ru	n Mop	ed Case I	Number		1	.900000	0179								
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4				ons - C	DL ndorsment		(Same as open							ven Co	oning.		ŀ	
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	Citation # (If Is	ssued)				Most 1	Harmful Event	1 23		34	1	⊢	9		5 11 7	Jndercarr Totaled	iage	
6	Violation	1: ChSec	C Violati	on 2: ChS	Sec	Driver	Contributing Co		1 24	. 24		V		\mathbf{V}	6			
⁶ 3		Violation 3: ChSec Violation 4: ChSec					ride/Override	25	T	owed N	8		O		0			
	Please f	fill out for opera	ator and all occ	cupants involve	d Address		Age/DOB	Sex	26 Seat Sa Pos. \$5	27 28 afety Airbag stem Status	29 Airbag Switch	30 Eject Code	31 Trap I Code S	32 njury Tra status Co	33 ansp. ode Me	dical Facili	ity	1
	Operator			See	e Above				1		4	0	0	5 1				
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	Sex_M_ Lic. 0	Class D 18 1	Lic. Restricti	19	DL					_e HYUN				20				
8	Operator BERN BENJAMIN Endorsment					Owner (Same as operator)												
1	Last First Middle Address 32 BRYON RD (apt. 3)				Middle	Last First Middle Address												
	City_NEWTO			State MA Zip	02467	City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)								_				
	'													ee)				
	Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: NSE N Responding to Emergency? Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				nergency?			22 2		22 22	2		3		4			
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					Most Harmful Event 1 24 1 5 11 Totaled Driver Contributing Code 1 24 24													
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	Name (Last Fi	irst Middle)	operator and a		Address		Age/DOB	Sex		afety Airbag System Statu	s Switch	Eject Code	Code	njury [Fra	ansp.	edical Faci	lity	
	Operator/	Non-Motorist		See	e Above				1	4	4	0	0	5 1			_	
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Crash Narrative:

Operator of MV1 states he was traveling eastbound on Lagrange St approaching Bryon Rd when MV2 made an "unusual" left turn attempting to travel southbound on Bryon Rd. Operator of MV1 states when MV2 made the left turn, MV2 collided with MV1 causing damage to the left front corner panel and drivers side door.

Operator of MV2 states he was traveling westbound on Lagrange St approaching Bryon Rd to take a left turn traveling southbound on Bryon Rd. Operator of MV2 states while making the left turn, MV1 looked like it attempted to come to a stop but slid due to the snow and slippery road conditions. Operator of MV2 states his tires spun out attempting to make the turn and struck MV1 with the front left corner panel causing significant damage.

It should be noted the weather during this time was heavy snow with wet and slippery road conditions, which

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:	Registration #					Corrier Issu	uing Authority Co	35
Truck and Bus Information:						Carrier Issu	uing Authority Co	
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Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de

TIMOTHY F KEEFE			NEWTON POLICE DEPARTM		02/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					

-	Direction 1	∃ Vehicle 1 2	2 ≢Vehicle 2	₽Pedestria	ın		
Crash Diagram:	ie: 🕕 🛚 1	→ [2	2	₽Ŷ			
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Crash Narrative:							
is a determining factor o	n how the accide	ent happened.					
Witnesses:		_					
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property	
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/ tuticos			City		St	_ Zip	
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37		38					
Cargo Body Type Code Gr	oss Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State	Reg Veer	Trail	er Length 39		
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Hazmat Information:							
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TIMOTHY F KEEFE			ATETA	VTON POLICE DEPARTM		02/12/20	119
					D' //D		
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barrac	ks Date	

CDP1 11 ·24·00