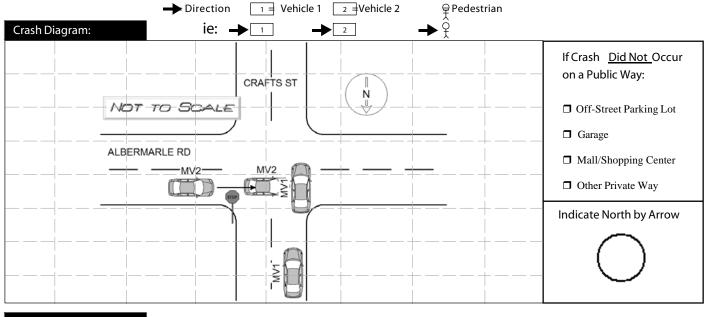
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Crash Narrative:

OPERATOR OF MV 1 STATED HE WAS TRAVELING SOUTHBOUND ON CRAFTS STREET AND AS HE APPROACHED THE INTERSECTION AT ALBERMARLE ROAD HIS VEHICLE WAS STRUCK ON THE DRIVERS SIDE BY MV 2. MODERATE DAMAGE SUSTAINED TO MV 1 AND NO INJURIES WERE REPORTED. MV 1 WAS TOWED BY TODYS TO THEIR LOT AFTER ALL VALUABLES WERE REMOVED BY THE OWNER.

OPERATOR OF MV 2 WAS TRAVELING WESTBOUND ON ALBERMARLE ROAD AND AS HE DROVE ACROSS THE INTERSECTION OF CRAFTS STREET AFTER COMING TO A STOP AT THE STOP SIGN, HE STRUCK MV 1 ON THE DRIVERS SIDE. HEAVY DAMAGE SUSTAINED TO MV 2 AND OPERATOR WAS TRANSPORTED BY MEDICS TO NWH TO BE EVALUATED FOR HIS INJURIES. OPERATOR OF MV 2 WAS UNABLE TO PROVIDE A STATEMENT OF HOW THE ACCIDENT OCCURRED AND HIS VEHICLE WAS ALSO TOWED BY TODYS TO THEIR LOT.

A WITNESS TO THE ACCIDENT IDENTIFIED AS BRIAN ABDOW STATED THAT MV 2 WAS AT FAULT. HE STATED THAT MV 2 CAME

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement POBOX 1038 Υ ABDOW, BRIAN, C CONCORD,MA 01742 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 _____ City____ Address_ ___ Issuing State _____ ICC #:____ US DOT #: ___ _State Number__ 38 Cargo Body Type Code Gross Vehicle Weight Trailer Reg #:_ Reg Type_____ Reg State _____ Reg Year____ Trailer Length Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)	-	→ Direction 1	■ Vehicle 1	2 ≢Vehicle 2	Pedestrian		
On a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Indicate North by Arrow To a STOP AT THE STOP SION BUT THEN ACCELERATED INTO TRAFFIC ON CRAFTS STREET AND STRUCK MV 1 WHO HAD THE RIGHT OF MAY. OPERATOR OF MV 2 IS BEING ISSUED MA UNIFORM CITATION T1269369 FOR CH. 89 S. 9 FAILURE TO COMPLY WITH STOP SIGN. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Owner (Last, First, Middle) Address Phone # Statement Carrier Name Carr	Crash Diagram:	ie: → 1	→ □	2	<u> </u>		
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MATTHEW W COLELLA Newton Police Departs 03/09/2019