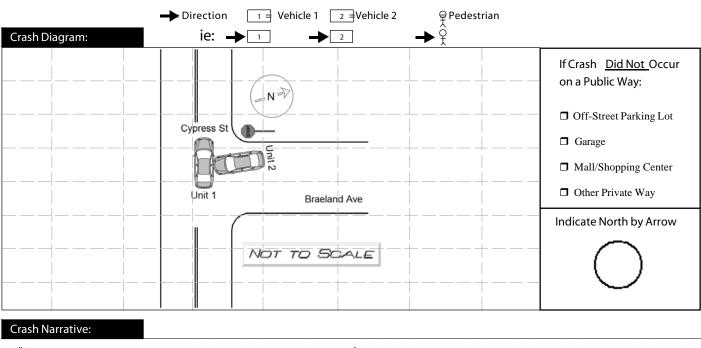
- 1	Police Use Only	Commonwealth					ument Number	
	Date of Crash Time of Crash City 03/11/2019 07:18 NEWTON	Motor Ve	ehicle Crash			speed Limit <u>25</u> Latitude	State Police Local Police MBTA Police	
l	24HR	Police	e Report	2 0		ongitude	Other:	
ſ	AT INTERSECTION	N: < LOC	CATION >	I	NOT A	T INTERSI	ECTION:	
l	SOUTH BRAELAND AVE							
1		e of Roadway/Street	Route# Direction A	ddress #		Name of Roadwa	ay/Street	
-	CVDDECC CT	At	East NCI	Tw of		•		
١	Route# Direction CYPRESS ST Name of Interse	ecting Roadway/Street	Feet NSEW of or Exit Number					
١		intersection with	Feet N S E W of					
┨			Route# Intersecting Roadway/Street Feet N S E W of					
4	Route# Direction Name of Inte	ersecting Roadway/Street	Landmark					
Ī	XVehicle 1 1 #Occupants Hit/R	un Moped Case Numb	ber	1900000265				
1	License # St	MA DOB/Age Reg	g#_3CT858	R	eg Tyne I	PAN Re	eg State MA	
	Sex_M Lic. Class D 18 18 Lic. Restric	10	sh Year_2014 V				20	
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	Address 18 WHEATON DR	Middle	vner (Same as operator)		irst	Mid	dle	
		3/4	ldress				7.	
	<i>,</i>		City State Zip					
\dashv	Insurance Company COMMERCE		venicle Action Filor to Clash 1					
╛			Event Sequence 1 10 Undercarriage					
	Citation # (If Issued)		ost Harmful Event 1	24 2	1 4	- 9	5 11 Totaled	
1	Violation 1: ChSec Viola		iver Contributing Code	99		7	<i>)</i> 6	
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N							33	
	Please fill out for operator and all or Name (Last First Middle)	Address	Age/DOB Sex	26 27 2 Seat Safety Airba Pos. System State	8 29 ag Airbag E as Switch C	Eject Trap Injury 1	Fransp. Code Medical Facility	
	Operator	See Above		99 4	99 (0 0 5	1	
ļ								
- 1	Plana C. Last Cara		14 15	16		17		
4	Please Select One 177	pants Non-Motorist A Type		cation	Condition		Hit/Run Mope	
	Please Select One of the Following: Wehicle 1 #Occup		Action Lo	cation	Condition			
	of the Following: Venicie 2 1_#Occup License # St	MA DOB/Age Res	Action Lo		eg Type_	COR Re	eg State MA	
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Mv#1 operator stated he was travelling on Cypress St #/B and when he reached the Braeland Ave intersection, he stated Mv#2 pulled out from Braeland and struck his Mv on the passenger side.

Mv#2 operator stated he came to a complete stop (stop sign) at the end of Braeland Ave at Cypress St.

#2 stated traffic was backed up on Cypress St W/B and the stopped traffic allowed for a safe means for him to pull out turning left onto Cypress. #2 also stated there was no vehicle traffic coming from Cypress St E/B the opposite direction and was clear. #2 stated when he nosed out onto Cypress St, #1 drove around from behind W/B traffic onto the other side of the road and struck his front end of the Mv. #2 drew a diagram on scene to further accentuate the details he described.

When #1 was asked if he drove around traffic or onto the other side of the road, he denied it. When asked if

(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 Issuing Authority Code Carrier Name _ _____ City____ Address_ State Number_ ____ Issuing State _____ ICC #:____ US DOT #: ___ Gross Vehicle Weight Cargo Body Type Code Trailer Reg #:_ Reg Type Reg State Reg Year Trailer Length Hazmat Information: _____ Material 4 digit # _____ Release code

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Material Name____

Placard

Material 1 digit #

Crash Diagram: Crash Narrative: he ever came to a stop in ahead.	Direction ie: itraffic or if h		Vehicle 2	Pedestrial	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	Center Arrow
#1 sustained significant p ripped off front license p Based on statements provid	late that was l	ater picked	up off the st	reet by #2	2. No injuries. No witnes	sses.
used defensive operator me Witnesses:	asures to avoid	l a collision	•			
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Truck and Bus Information: Carrier Name			(From Vehi	,	Carrier Issuing Authority Co	de 35
AddressUS DOT #:			·			36
Cargo Body Type Code 37 Gros Trailer Reg #: Hazmat Information:	s Vehicle Weight Reg Type	Reg State	Reg Year	Traile	er Length 39	
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4 dig	git # Release code	42

ADAM D GABRIEL 25117 NEWTON POLICE DEPARTS 03/11/2019

Police Officer Name (Place Print) Signature ID/Dedge # Department Project (Degge ID)