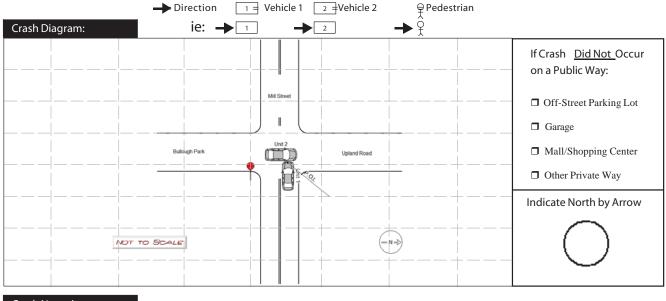
License #		Poli	ice Use Only		Comm	onwealt	th o	f Mass	sac	huse	etts			RM	V Doc	umen	t Number		
AT INTERSECTION: AT INTERSECTION: COCATION NOT AT INTERSECTION:					Town	Motor \	Vehi	icle Cr	ash	Nu			1 ^			St L	ate Police ocal Police	<u></u>	
Route Direction Name of Roadway/Street Poet Name of		04/22/2019		NEWTON		Poli	ce F	Report				'		_			IBTA Police ther:		
North Bullough PARK Route Direction Name of Roadway/Street Also at Intersection with Fore N S E W of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Fore N S E W of Intersecting Roadway/Street Also at Intersecting Roadway/Street Fore N S E W of Intersecting Roadway/Street Also at Intersecting Roadway/Street Fore N S E W of Intersecting Roadway/Street Inter			AT INTER	SECTION:		< L(OCAT	TION	>			N()T A	ΓΙΝΤ	ERS	ECT	ION:		9
North BULLOUGH PARK Foot No. Esti Number North Mile Marker or Esti Number North N		WES	T MILL S	Т														2	
NORTH ROUGH PARK Rouge Direction Name of Intersecting Roudway/Street Abo at Intersecting Roudway/Street Abo at Intersecting Roudway/Street Feet N E W of Rouge Intersecting Roudway/Street S W E W of Intersecting Roudway/Street I	1 1	Route# Direct	tion	Name	of Roadway/Street			Route# Direc	tion	Addres	s #		N	lame of I	Roadw	ay/Stre	eet		10
Routed Direction Name of Intersecting Roadway/Street No. Evert		NOR	TH BULLO	UGH PARK	At			Feet	NS	EW	of -			•	or				
Fost N S E W of Routes Intersecting Roadway/Street S N S E W of Routes Intersecting Roadway/Street S N S E W of Routes Intersecting Roadway/Street Landmark L					ing Roadway/Street	t	-[
Router Direction Name of Intersecting Roadway/Street Landmark				Also at Int	ersection with		_ -	Feet	N S	EW	of	Rou		Intersec	cting R	oadwa	v/Street	- _	11
Router Direction Name of Intersecting Roadway/Street Landmark	2						_ -	Feet	N S	EW	of						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	11
License #		Route# Direct	tion	Name of Inter	secting Roadway/St	reet								La	ndmar	k			
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72 Please Select One of the Following: Vehicle 2 2_#Occupants Non-Motorist A Type	ı		st Middle)							Pos.	\$ystem	Status S	witch Co	de code	Status	Code	Medical Facilit	<u> </u>	
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Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33				operator and a						26 Seat	27 Safety	28 Airbag	29 irbag Ej	30 31 ect Trap	Injury	Transp.		\dashv	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above										x Pos.	System	Status	Switch C	ode Code	Status	Code	Medical Facil	ity	
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									+					-				\perp	



Crash Narrative:

The operator of vehicle 1 stated she was traveling West on Mill Street when vehicle 2 went through a stop sign, she was unable to stop and hit vehicle 2 in the front passenger side panel and door. This caused moderate damage to the front of her vehicle. She was evaluated by Cataldo and signed a medical refusal and was able to drive her car away.

The Operator of vehicle 2 stated she was traveling North on Bullough Park, she came to a stop at the stop sign and proceeded to cross over Mill Street towards Upland Road. She was then hit on the passenger side by vehicle 1. She stated she did not see vehicle 1 at all. As a result of the impact, vehicle 2 sustained extensive damage to the passenger side and had side air bag deployment.

The passenger in vehicle 2 stated he did not see anything until impact.

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	Phone #	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information: Carrier Name	Registration #				Carrier Iss	uing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:			Issuing State	ICC #:_		Interstate	36
	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	me		Material 4	digit #	Release code	42	

Crash Diagram: ie: 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: The Occupants of vehicle 2 stated they had no injuries or pain and were taken away from the scene by parent Niels Steenstrup. As a result of the accident vehicle 2 was towed by Tody's by Billy. Witnesses: Name (Last, First, Middle) Address Phone # Statemen		→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestri	ian	
On a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow The Occupants of vehicle 2 stated they had no injuries or pain and were taken away from the scene by parent Niels Steenstrup. As a result of the accident vehicle 2 was towed by Tody's by Billy.	Crash Diagram:	ie: →□	1	2	₽		
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Witnesses:	Niels Steenstrup.						
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Name (Last, First, Middle) Address Phone # Statemer			Address			Dhana #	Ctatamant
	Name (Last, First, Middle)		Address			Pnone #	Statement
Property Damage:	Property Damage:						
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property	Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	/
Truck and Bus Information: Registration #	Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name Carrier Issuing Authority Code	Carrier Name	Ttogistituron " _			,	Carrier Issuing Authorit	y Code 35
Address City St Zip	Address			City		St Zip	
US DOT #: State Number Issuing State ICC #: Interstate 36	US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gross Vehicle Weight 38	37			_ 0			
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	Cango Boay Type Code	ross veinere vveigne				39	
Hazmat Information:	Trailer Reg #:	Pag Type	Pag State	Dag Vaan	T	iler Length	
Placard 40 Material 1 digit # 41 Material Name		Reg Type	Reg State	Reg Year	Tra	iler Length	
THOMAS BANNON NEWTON POLICE DEPARTS 04/22/2019	Hazmat Information:	41					de 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)