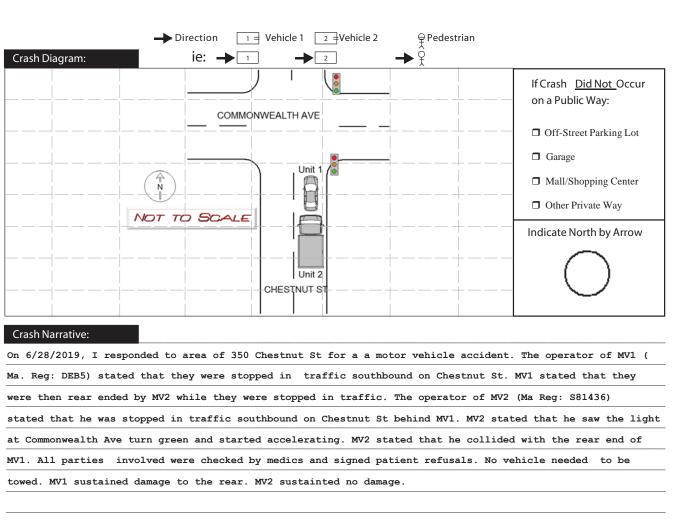
	Poli	ce Use Only		Con	nmonw	ealth	of	Mass	acl	nuse	etts							t Number		
	Date of Crash 06/28/2019	Time of Crash 12:54	n City/ NEWTON	Γown	Mot	or Ve	ehic	ele Cr	ash	Nu Ve	mber hicles	Nun			Limit de		- St	ate Police ocal Police BTA Police	X	
	09292023	24HR			<u> </u>			eport		2		0			tude_		O	ther:	· U	
		AT INTE	RSECTION	:	<	LOC	ATI	ON	>			N	OT A	I T	NTF	ERSI	ECT	ION:		<u> </u>
								SOUT	Н	350		CHE	STNU	T ST						Ľ
1 [Route# Direct	ion	Name	of Roadway/S	Street		Ro	ute# Direct	ion	Addres	ss #			Nam	e of R	oadwa	ıy/Stre	et		
-	At						Feet NSEW of or									Ľ				
	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Exit Number													
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street									_	L			
1							Feet NSEW of										2			
	Route# Direction Name of Intersecting Roadway/Street						Landmark													
	XVehicle1	2_#Occupants	s Hit/Ru	n D	loped C	ase Numb	er			19000	00668									
	License#		St ¹	MA DOR/	Age	Par	g # DE	EB5				Pan	Type	PAV		D.	a Stat	e_MA		١
	Sex_M Lic. (Tless D 18		19		-		2018	,	Vob Me	_{sko} M							20	_	
.]			KENNETH		Endorsment						DEBRA					VCIIC	Johns			<u> </u>
3	Operator SAYLES KENNETH Last First Middle Address 14 BONAIRE CIR					Owner SAYLES DEBRA Last First Middle Address 14 BONAIRE CIR										Ŀ				
	City NEWTON			State MA	Zin 02458		City WABAN State MA Zip 02468													
	Insurance Com			Julic /	ыр <u></u>		Damaged Area Code: (Circle Un to Three)													
	·			seponding to	Emargangu?				22	22	2 22	22	2		3		4	•	,	
1	Vehicle Travel Direction: NXEW Responding to Emergency? Citation # (If Issued)						Event Sequence 1 22 22 22 22 22 20 10 Undercarriage									riage				
	,		ec Violati	on 2: Ch	Sec					1	24	24	1	-	9		O	11 Totaled		
1							Driver Contributing Code 1 25 Towed N 8 7 1													
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Age/DOB Sex Safety Airbag Airbag Sight Tap Sight									╀				
	Name (Last Firs				Address			Age/DOB	Sex	Pos.						Status	Code	Medical Faci	lity	<u> </u> 1
	Operator			4 BONAIRE	See Above CIR		_				1	4	-	0	0	10	1			-
	SAYLES, DEBI	RA		WABAN, MA					F	3	1	4	99	0	0	10	1			
1	Please Select C of the Followir	I X Vehicl	le2 1_#Occup	ants No	on-Motorist A	Туре	14	Action	15 L	ocation	n	16 C	onditio	n	17		Hit/Ru	n Mor	ped	
	MA					Reg # S81436 Reg Type CON Reg State N						MA		4						
	18 18					`	NA GY							20	_					
			Lic. Restricti	ons 1	CDL Endorsment											Veh (Config	. 6		
1	Operator FITZGERALD SCOTT Last First Middle Address 41 TOBY						Owner DELPRETE MICHAEL Last First Middle Address 149 BROAD ST													
							City WHITMAN State MA Zip 02382													
	Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) 22 22 22 23 4									ice)				
	Vehicle Travel Direction: X S E W Responding to Emergency?						Event Sequence 1 10 Undercarriage									riage				
	Citation # (If Issued)						Most Harmful Event 1 9 5 11 Totaled													
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Driver Contributing Code 99													
1						_ Un	Underride/Override Towed N								1					
	Name (Last Fir		or operator and	ııı occupant	s involved Address		_	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	Injury Status	Fransp. Code	Medical Fac	ility	-
	Operator/l	Non-Motorist			See Above		-			-	1	4	99	0	0	10	1			_
ļ																				
Ì																				4



MV1. All parties involved	were checked by	y medics and	signed patient	t refusa	als. No vehicle	needed to	be			
towed. MV1 sustained damag	e to the rear. 1	W2 sustaint	ed no damage.							
Witnesses:										
Name (Last, First, Middle)		Address		Phone i	Phone #					
Property Damage:			1							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	escription of Damaged Property				
Turnels and Drie Informations										
Truck and Bus Information:			(From Vehic				. 35			
Carrier Name					Carrier Issi	ung Authority Coc	le			
Address			City		St	Zip				
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code Gro	ss Vehicle Weight	38								
	Reg Type	Reg State	Reg Year	Tr	ailer Length	Length 39				
Hazmat Information:	105 1,pc	105 5440		11	Lanci Zengui					
Placard 40 Material 1 digit #	41 Material No.	ma		Matarial 4	digit #	Release code	42			
r acaid Wiaiciiai I digit #	iviateriai Nai	110		material 4	uigit #	Release code				