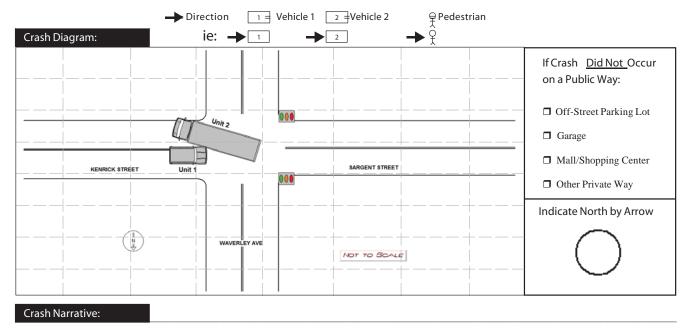
	Poli	ice Use Only		Com	monwea	lth (of Mass	ach	use	etts			RMV	V Docu	umen	t Number]
	Date of Crash 07/09/2019	Time of Crash		Гown	Motor	Veh	icle Cra	ash		mber	Numbe		ed Limi tude		- St	tate Police ocal Police IBTA Police		
	07/09/2019	14:09 24HR	NEWTON		Po	lice]	Report		2	neres	0		gitude_			IBTA Police ther:		
		AT INTER	SECTION	•	<]	LOCA	TION	>			NO	ГΑТ	INTI	ERSI	ECT	ION:		2
	EAST	Γ KENRIO	CK ST															2
1 1	Route# Direc			of Roadway/Str	eet		Route# Direct	ion A	Addres	s #		Na	me of R	Roadwa	ıy/Stre	eet		2 10
1	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Feet NSEWof or										2	
								Mile Marker Exit N					xit Number	_				
							Feet N S E W of Route# Intersecting Roadway/S							v/Street	_			
2 1							Feet [N S E W] of								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 ¹¹	
							Landmark											
3	XVehicle1	_1_#Occupants	Hit/Ru	n Mo	ped Case	Number			190000	00702								
	License#		St	ΓX DOB/Ag	e	Reg#	2314856				Reg Ty	pe AP		Re	g Stat	e IN		
	Sex M Lic.	Class C 18 D 18	8 Lic. Restrict	ons 1 19	CDL	_	ear_2016	V	eh Ma			-			-	20		
4	Operator STE		KEIVEN	VA	Endorsment NDON		r RYDER TRU	JCK RI										1 12
3	Address 1809	EASTFIELD	First		Middle		ess 11690 NW 1	ast			First			Mide	dle			<u> </u>
	City MISSOU			State_TX Zij	77459		MIAMI						_State	FL	 _Zip_	33178		
	Insurance Com	npany AON RISK	SERVICES C	ENTRAL		Vehic	le Action Prior	to Crasl	h [4 21] I	Damage	d Area	Code:	(Circ	le Up to Thr	ee)	
5	Vehicle Travel	Direction: N	S X W	esponding to Er	nergency?	Event	Sequence 1	22	22	22	22 2		3	\rightarrow	4			
1	Citation # (If I	(ssued)				Most	Harmful Event	1 2	23		_ (4	9			10 Undercari	riage	
	Violation	1: ChSec	Violat	on 2: Ch	_Sec	Driver	Contributing (Code	1 2	4	24		ľ)"	11 Totaled		
⁶ 1	Violation	3: ChSec	Violat	on 4: Ch	_Sec	Under	ride/Override	1	25 ,	Towed	N 8		7		6			
		fill out for opera	ator and all oc	cupants involv			4 7007		26 Seat	27 Safety A	28 Airt	9 30 ag Eject	31 Trap Code	32 Injury	33 Fransp.	M.F. I.E. T	٠.	13 1
	Name (Last Fir Operator			S	ee Above		Age/DOB	Sex	Pos.	99 4	tatus \$wi	ch Code 0	0		Code 1	Medical Facil	ity	
7																		
2	Please Select C of the Followi	IX Vehicle	2 <u>3</u> # Occup	ants Non-	Motorist A Typ	pe	Action	15 Lo	cation	1	Cond	ition	17		Hit/Ru	ın Mop	oed	
	М				ge	Reg#	deg # 623KD7				Reg Type_PANReg			o Stat	State_MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment							V	Veh Make_NISSAN				Veh Config. 1			_		
8						Owner SAPKOTA RAVI												
1 Address 15 JACKSON RS Address 15 JACKSON RD								Mide	dle		_							
	City SOMERVILLE State MA Zip 02148						City SOMERVILLE State MA Zip 02145									_		
				•		- 13 —			h [21		Damage				le Up to Thr	ree)	
	Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 1 22 22 22 22 3 4 Citation # (If Issued) Most Harmful Event 1 23																	
								10 Undercari	riage									
	,	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 5 11 Totaled																
	Violation 3: ChSec Violation 4: ChSec Underride/Override																	
		ease fill out for	operator and	all occupants i					26 Seat	27 Safety A	28 2 irbag Airt	9 30 ag Eject	31 Trap		33 Fransp.			1
	Name (Last Fi Operator/	Non-Motorist		Se	Address ee Above		Age/DOB	Sex	Pos.	System 4	Status Sw	tch Cod	le Code 0	Status	Code 1	Medical Faci	ility	
	PATEL, NIRV		I	5 JACKSON RI)			М				+			1			
				SOMERVILLE, I 5 JACKSON RI				+				+						
	PATEL, NEEV			SOMERVILLE, I	MA 02148			M				+		10	1			
										1				1		I		í



On Tuesday July 9th 2019 at approximately 1409 hours I responded to a two car accident on Kenrick St and Waverley Avenue. At the time the weather was sunny and the road conditions were dry. Kenrick St and Waverley Ave are both public ways owned by the City of Newton.

The operator of MV1 identified as Smreeti Khanal (S82370804) stated she was stopped at the red light on Kenrick Street and was waiting to turn left onto Waverley Ave when her vehicle MA REG 623KD7 was struck by a large box truck that was turning left onto Kenrick Street from Waverley Ave. MV1 sustained heavy front end damage and was towed from the scene by Todys. Two small children were in the back seats during the accident. No injuries were reported.

The operator of MV2 identif	fied as Keiven	Vandon Stewaı	rt (TX 33693636	S) state	ed he had the	green light	
(Continued or	n next page)	-					
Witnesses:							
Name (Last, First, Middle)		Address			Phone :	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration # 2314	1856	(From Vehic	le Section)			35
Carrier Name RYDER TRUCK RENTA	L				Carrier Issu	uing Authority Cod	le
Address 11670 NW 105TH ST			City_MIAMI		St	Zip_33178	3
US DOT #: 3136874 State Number Issuing State FLORID. ICC #: Interstate							
Cargo Body Type Code 37 Gros	s Vehicle Weight 2	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

	→ Direction	1 ■ Vehicle 1	2 = Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[1 -	2	₽Ŷ		
					If Crash <u>Did No</u> on a Public Way	
		_	<u> </u>		Off-Street Park	ing Lot
					Garage	
					☐ Mall/Shopping	Center
		_	 		Other Private V	Vay
		_			Indicate North by	/ Arrow
		 _	 			
)
Crash Narrative:						
and was turning left ont	o Kenrick St fr	om Waverley A	ave and the s	ide of his	truck made contact with	MV1. MV2
stated MV1 was not on th	e right side of	the road and	did not leave	e enough sp	pace for the truck to mal	ke the
turn. MV2 reported no in	ijuries and sust	ained no dama	ige.			
AMB1 responded and clear	ed with four pa	tient refusal	s. MV2 was ab	le to leave	the scene.	
Witnesses:		1				1
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 Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority C	Code
Address			_ City		St Zip	36
37	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State _	Reg Year_	Tra	iler Length	
Placard 40 Material 1 di	git # 41 Material	Name		Material 4 d	igit # Release code	42
ANDREA M FERGUSON			NEV	VTON POLICE DEPARTM	07/0	9/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)