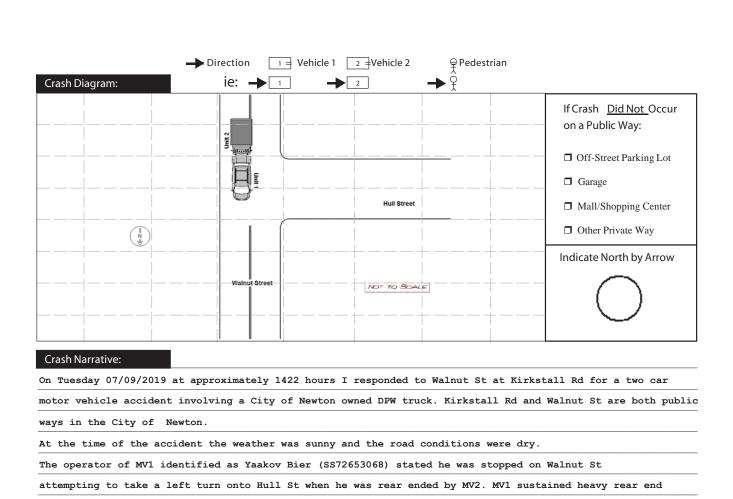
	Poli	ice Use Only		Comm	onweal	th c	of Mass	ach	use	etts			RMV	V Docu	ment N	lumber		
	Date of Crash 07/09/2019	Time of Crash	City/T NEWTON	own]	Motor	Veh	icle Cra	ash		mber	Numbe		ed Limi tude		State Loca	Police I Police A Police	N Xi	
	07/09/2019	24HR					Report		2		0		gitude_		Othe	r:		
		AT INTER	RSECTION:		< L	OCA	ΓΙΟΝ	>			NO	TAT	INTI	ERSE	CTIO	N:		2
	EAST	Γ KIRKS	TALL RD															2
1 1	Route# Direc	etion	Name o	f Roadway/Street			Route# Direct	ion A	Address	s #		Na	me of F	Roadway	//Street			2
	NOR	TH WALNU	UT ST	At			Feet	N S I	E W	of –		•	-	or				
	Route# Direc		Name of Intersect	ng Roadway/Street	t	— [·					Mile N				Exit	Number		
			Also at Inte	rsection with		-	Feet	N S	E W c	of	Route#	_	Intersec	ting Roa	adway/S	treet	-	
2 1						.	Feet	N S I	E W	of								2
	Route# Direc	etion	Name of Inters	ecting Roadway/St	reet								Laı	ndmark				
3	XVehicle 1	_1_#Occupants	Hit/Rur	Mopeo	d Case N	umber			190000	00704								
	License#		St N	IA DOB/Age		Reg#	515WM7				Reg Ty	ne PA	N	Reg	State N	ИA		
	Sex_M Lic.	18 1	8	19	 L	_	ear 2007					•			´ T	1 20	_	
4	l	R Last		Endo	orsment		(Same as op	erator)			First							1 ¹²
1	Address 54 W	Last ALLINGFORD I	First RD	Mi	iddle		SS	ast						Middl	e		_	1
	City BRIGHT			tate_MA Zip_02	2135										Zip			
	Insurance Com			r		-	e Action Prior			21	_				•	Jp to Thre		
5	Vehicle Travel	Direction: N	S E W Res	ponding to Emerg	gency?	Event	Sequence 1	22	22	22	22 2		3		4			
1		ssued)			,		Harmful Event	1 2	23			_			_	Undercarr	iage	
	,			n 2: ChSec	:		Contributing (1 2	4	24	—	9		11	Totaled		
⁶ 1	Violation	3: ChSec	c Violatio	n 4: ChSec	:		ride/Override		25 ,	 Towed	Y 8		7		6			
	Please	fill out for opera	ator and all occ	upants involved							28 2 irbag Airb	9 30) 31 t Trap e Code	32 Injury Tr	33 ransp.		\dashv	13
	Name (Last Fir				Above		Age/DOB	Sex		system S	Status Swit	ch Code	Code	\$tatus C	ode M	edical Facili	ty	1
	Орегию				10010					99 .	1 1	0	0	10	<u> </u>			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupa	nts Non-Mo	torist A Type	1	Action	15 Lo	ocation	1	6 Cond	ition	17	Пн	it/Run	Мор	ed	
	License#		St_N			Reg#	M79325				_Reg Ty	pe_MV	/N	Reg	State_N	ΜА	_]	
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction			Veh Ye	ear_2007	V	eh Ma	ke_IN	Γ			Veh Co	onfig.	97		
8 1	Operator DO	UCET	DENIS First	J	orsment	Owner	NEWTON	ast	C	ITY O	First			Middl	e		-	
_	Address 4 NU	TTING DR				Addres	ss 60 ELLIOT	ST									-	
	City LEOMINSTER State MA Zip 01453						City NEWTON State MA Zip 02466										-	
	Insurance Com	npany SELF INSU	URED			Vehicle	e Action Prior	to Cras	h	1 21] [Damage	ed Area	Code: (Circle U	Jp to Thre	ee)	
	Vehicle Travel	Direction:	S E W	esponding to Emerg	gency?	Event	Sequence 1	22	22	22	22 2		3		4			
	Citation # (If I	ssued)				Most I	Harmful Event	1	23		_	_	9	$ \cdot $		Undercarr Totaled	iage	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24																	
	Violatio	n 3: ChSe	ec Violati	on 4: ChSe	ec	Under	ride/Override		25 T	owed_	N 8		7		6			
			operator and a	l occupants invo				T	26 Seat	27 Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap		33 ransp.	. v		
	Name (Last Fi	'Non-Motorist			Above		Age/DOB	Sex	Pos.	System 99	Status Sw 4 4	tch Coc	de Code 0	Status 0		Medical Facil	nty	
																	\dashv	
												+					\dashv	
												_			_		\parallel	



damage and was towed from the scene by Todys. The operator reported no injuries.

The operator of MV2 identified as Denis Doucet (S15405545) stated he was traveling southbound on Walnut

St and as he was coming						
(Continued	d on next page)					
Witnesses:						
Name (Last, First, Middle)	A	ddress			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged I	Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name			`	, i	Carrier Issuing	Authority Code 35
Address						
Address			_ City		St	Zip
US DOT #:			Issuing State	ICC #:_	I	nterstate
Cargo Body Type Code 37	Gross Vehicle Weight 38					
Trailer Reg #:	Pag Typo	Pog Stata	Pag Vage	т,	railar Langth	
Hazmat Information:	Keg Type	Reg State _	Reg Teal	11	aller Length	
11a2111a1 111101111a11011.	41					42
Placard Material 1 di	git # Material Name			_ Material 4	digit # Re	lease code

	→ Direction	1 = Vehicle 1	≥ ≠Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	Ŷ		
						rash <u>Did Not</u> Occur a Public Way:
						Off-Street Parking Lot
						Garage Sarage
		- + 				Mall/Shopping Center
		<u> </u>				
		 _				Other Private Way
					Indic	cate North by Arrow
				+		
Crash Narrative:						
MV1 sustained no damage	and the operator	r reported no	injuries.			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Addless			T Hone #	Statement
Property Damage:			T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	jed Property
Truck and Bus Information:	Registration # _		(From Veh	icle Section)		
Carrier Name					Carrier Issu	ing Authority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					. 6	
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit #	Release code 42
ANDREA M FERGUSON			NEWTO	ON POLICE DEPARTM		07/09/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)