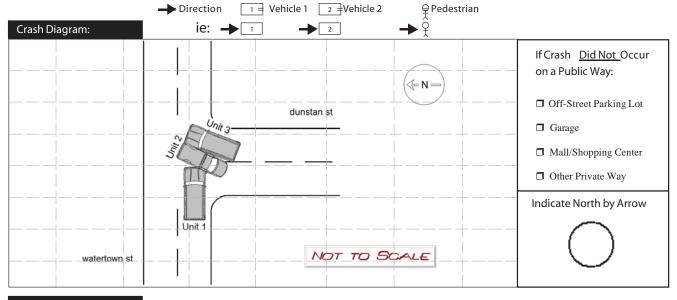
	Poli	ice Use Only		Comr	nonwea	lth o	of Mass	ach	use	etts				RMV	/ Doc	umen	ıt Number		
	Date of Crash 07/19/2019	Time of Crash 11:19	NEWTON	Town			icle Cra	sh	Vel	mber hicles	Inju	ired I	atitu	Limit			tate Police ocal Police IBTA Police	XI U	
		24HR	 RSECTION	,		LOCAT	Report	>	3		0 No			tude_			ither:	\dashv	
		AT INTER	ADECTION.	•			11011	<u> </u>			11	01 //	1 1.	1111	21401		1011.		2
1	NOR		ΓΑΝ ST	of Doodsoos/Stro	-4	[Route# Directi		ddass		_		Mom	a of D	a a dun	ox./C4m		_[
1	Route# Direction Name of Roadway/Street At				et	[¹										ay/Stre	eet		2
	16 EAST	r WATER	RTOWN ST			.	Feet	N S I	EW	of -		 le Mark		(or		xit Number	- [
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of													
2						Route# Intersecting Roadway/Street Feet N S E W of									_	3			
2 1	Route# Direction Name of Intersecting Roadway/Street					Landmark										_			
3	XVehicle1	2_#Occupants	Hit/Ru	n Mor	oed Case N	Number			19000	00742								╗	
	T:#		St ¹	MA DOD/A		D#	7CV491				D	Т	PAN		D	- C4-4	. MA	-	
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4			Lic. Restricti	ons T	CDLndorsment										ven	Config	ţ. <u></u>	F	
⁴	Address 264 P	Last PEARL ST	First		Middle		(Same as ope								Mic	ldle		-	1
	City NEWTO			State_MAZip	02458		SS											-	
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5				r . F		Vehicle Action Filot to Clash 1 1 22 23 24 2													
		Direction: N		sponding to Em	ergency !		Sequence 1	2	23					$ \Box $	\overline{A}		10 Undercarr	iage	
	,	(ssued)		2 Cl (Harmful Event	1	. 2	24	24	⊕	-	9		5	11 Totaled		
⁶ 1		1: ChSec					Contributing C		1			8		7	<u> </u>	ر 6			
1		fill out for opera				Under	ride/Override	T	_	Towed		29	30	31	32	33	<u> </u>	\dashv	
	Name (Last Fir		ator and an occ	upants involve	Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fa						Medical Facili	ity	1					
	Operator			Se 1 MAYNARD S	e Above					1	4	4	0	0	10	1	NONE		
	CAIRA, MICH	HAEL, L		NEWTON, MA				M	3	1	4	4	0	0	10	1	NONE		
⁷ 3	Please Select (of the Followi	IX Mahida	2 <u>2</u> #Occup	ants Non-N	Motorist A Typ	e 1	Action	15 Lo	cation	1	16 C	onditio	ı	17		Hit/Ru	un Mop	ed	
	License#		St ¹	MA DOB/Ag	e	Reg # 8TFT40 Reg Type PAN Reg St						eg Stat	ate_MA						
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⁸ 2	Operator TAI		─ MATTHEV	E	ndorsment	Owner	TARDIF			ANIE	L			A					
2	Address 69 EI	Last	First		Middle		SS 69 EDWARI				Firs				Mic	ldle			
	City WATER			State_MA Zip	02472	City WATERTOWN State MA Zip 02472													
	Insurance Com	nnany GEICO				Vehicle	e Action Prior t	o Crasl	, [2	1	Dam					le Up to Thre	ee)	
	Vehicle Travel Direction: X S E W Responding to Emergency?						Sequence 1		22	22	22	2		0	_	4			
	Citation # (If Issued)						10 Undercarr	iage											
	Violation 1: Ch. Sec. Violation 2: Ch. Sec. Driver Contributing Code 19 24 24 1 5 11 Totaled							11 Totaled											
Violation 3: ChSec Violation 4: ChSec Underride/Override							8		0	<u>V</u>	6								
		ease fill out for			volved				26 Seat		28 Airbag	29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		\dashv	
	Name (Last Fi	Non-Motorist		Sa	Address e Above		Age/DOB	Sex	Pos.	System	Status 4	Switch	Code	Code	Status 10	Code	Medical Faci	lity	
			3	3 BRADSHAW S				1	,							1			
	LEBLANC, MA	ATTHEW	1	VATERTOWN, M	MA 02472			M	3	1	4	4	0	0	10	1	NONE	\dashv	

	ice Use Only		Commonwea									ment Numb		
Date of Crash 07/19/2019	Time of Crash 11:19	City/Tov NEWTON	Motor			ash	Numb Vehicl		1 ^	ed Limitude _		State Police Local Police MBTA Police	ce X	
, ,	24HR				Report		3	0		ngitude_		Other:		
	AT INTE	RSECTION:	< I	LOCAT	ION	>		N(T AT	INT	ERSE	CTION:		
Route# Direc	etion		Roadway/Street At		Route# Direc	tion A	ddress #		N	ame of I	Roadway	/Street		
1		1	11	- -	Feet	NSI	W of					Exit Numb		
Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Numb								er	
		Also at Inters	ection with	Route# Intersecting Roadway/Street Feet N S E W of										
Route# Direction Name of Intersecting Roadway/Street														
Wyobielo 2	2 #Occupants	Hit/Run	Moped Case							La	iumark			
Venicies	#Occupants		- Case I	Number			19000007							
License#	18	St <u>NY</u>	DOB/Age		HHA6434								20	
Sex_M_ Lic.		Lic. Restriction	CDL Endorsment		ear_2016						Veh Co	onfig. 2		
Operator AKS	Last	ADNAN First	Middle	Owner	AKSALIC 1014 (apt 5	ast	ADI	LA First			Middle	e		
	55TH ST. (apt. 5		NV 44240		1014 (apt. 5	ъ) ээтп	51.				NV	1210		
City BROOK		Sta	te NY Zip 11219		ROOKLYN			21				Zip 1219 Circle Up to	Three)	
Insurance Com		107 10 117 D	T. 4 F. 2		Action Prior	22	22 22		<i>D</i> amag 2	eu Alea	Couc. (4	ince)	
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7			4: ChSec		ide/Override			wed Y	9	()	6		
		ator and all occup		Unden	Tide/Override		26 2 Seat Safe		29 3 irbag Eje	0 31	32 Injury Tra	33 ansp.		
Name (Last Fir			Address See Above		Age/DOB	Sex	Pos. Syst	em Status S	witch Coc	le Code	Status Co	ode Medical		
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ARZE, GERAI	E D	STA	ATEN ISLAND, NY 10308			141		7	• 0	0	10 1	1101	-	
				1	4	15		16		17				
Please Select C of the Followi	I Vehicle	e# Occupant	Non-Motorist A Typ	pe 1	Action	15 Lo	cation	16 Co	ndition	17	Ні	it/Run	Moped	
License#		St	DOB/Age	Reg#_				Reg	Гуре		Reg			
Sex Lic.	Class 18 1	Lic. Restriction		Veh Ye	ear	V	eh Make_				Veh Co		20	
Operator	Last	First	Endorsment	Owner		oot		First			Middle			
Address	Last	11130	Middle		is			11131			wilder			
City		Sta	teZip	City_						State		Zip		
Insurance Com	npany			Vehicle	e Action Prior	to Crash	n	21	Damag	ed Area	Code: (Circle Up to	Three)	
Vehicle Travel	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$													
Citation # (If I	ssued)			Most Harmful Event 23 10 Under 5 11 Totale						_				
Violatio	on 1: ChS	ec Violation	1 2: ChSec	Driver	Contributing		24	24	8	VŢ	\sum	6		
			1 4: ChSec	Underr	ride/Override	2	Tow	ed		/	1 00 1			
Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag A tem Status S	29 3 irbag Eje Switch Co	0 31 ct Trap ode Code	32 Injury Tra Status C	33 ansp. Code Medical	Facility	
Operator/	Non-Motorist		See Above											
						+								



Crash Narrative:

ON 7-19-19 AT APPROX. 1119HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF DUNSTAN AND WATERTOWN I SPOKE TO THE OPERATOR OF VEHICLE #1 DRIVER STATES HE WAS TRAVELING E-BOUND ON WATERTOWN APPROACHING DUNSTAN WHEN VEHICLE #2 CUT IN FRONT OF HIM AND HE WAS UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #2 DRIVER STATES HE WAS TRAVELING W-BOUND ON WATERTOWN APPROACHING DUNSTAN. HE TURNED LEFT ONTO DUNSTAN WHEN HE WAS HIT IN THE RIGHT SIDE BY VEHICLE #1 PUSHING HIS VEHICLE INTO VEHICLE #3. VEHICLE #3 DRIVER STATES HE WAS STOPPED AT THE STOP SIGN AT DUNSTAN AND WATERTOWN PREPARING TO TURN RIGHT ONTO WATERTOWN. HE SAW VEHICLE #2 TURN LEFT ONTO DUNSTAN AND WAS HIT IN THE LEFT SIDE OF HIS VEHICLE WHEN VEHICLE #1 PUSHED VEHICLE #2 INTO HIS VEHICLE. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS .VEHICLE #2 HAD LEFT REAR SIDE DAMAGE AND A FLAT REAR RIGHT TIRE. VEHICLE #2 ALSO HAD LEFT SIDE DAMAGE

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City_____ Address__ US DOT #: State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

THOMAS P WALSH			NEWTON POLICE DEPARTM		07/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	■ Vehicle 1 2	y ≢Vehicle 2	₽Pedestria	n	
Crash Diagram:	ie: → 1	2	!	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	
					☐ Off-Street Parki	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
					Other Private W	
	_ 	 				
	į		į		Indicate North by	Arrow
Crash Narrative:						
AND WAS TOWED BY AAA. VEH	ICLE #3 HAD LE	FT SIDE DAMAG	E AND WAS S	TILL OPERATIO	ONAL. ALL PARTIES REPORT	ED NO
INJURIES. ALL PARTIES ADV	ISED TO CONTACT	THEIR INSURA	NCE COMPANI	ES.		
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:						
Carrier Name	Registration #		(From	Vehicle Section)	Carrier Issuing Authority C	35
			C:t-			ode
Address						36
US DOT #:		38	Issuing State _	ICC #:	Interstate	
Cargo Body Type Code G	ross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trail	er Length	
Hazmat Information:	41					42]
Placard 40 Material 1 digit	# Material N	ame		Material 4 dig	git # Release code	42
THOMAS P WALSH				EWTON POLICE DEPARTM	07/19	
Police Officer Name (Please Print)	Signature	;	ID/Badge #	Department	Precinct/Barracks Da	ate

CDP1 11 ·24·00