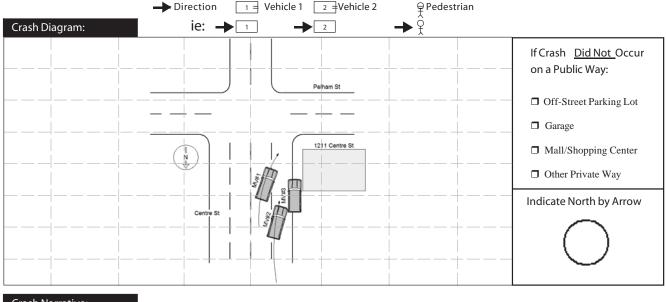
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				At		F	eet N	SEW	of ·			•	or			<u> </u>
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² 2						F	eet N	SEW	of	Roi	ıte#	Intersec	ting K	oadwa	y/Street	4 11
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⁶ 2	Violation	3: ChSec	Violatio	n 4: ChSec	Und	erride/Overri	de	25	Towe	d_N_	-	,		0		
	Please 1		ator and all occ	upants involved Address	e	Age/D	OB S	Seat Pos.	5 27 Safety System	28 Airbag Status	29 Airbag Eje Switch Co	30 31 Ect Trap de Code	32 Injury Status	33 Transp. Code	Medical Facility	2 13
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⁷ 3	Please Select C of the Followin	IX Vehicle	2 <u>1</u> # Occupa	nts Non-Motoris	st A Type	14 Action	15	Locatio		16 C	ondition	17		Hit/Ru	ın Mope	d
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Q	ı		MATTHEW	Endorsm	nent				ake				_ venv	Connig		
⁸ 2	Operator MII	Last	First	Middle	Own	er (Same a	Last	.01)		Firs			Mic	idle		
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Pol	ice Use Only		Commonwea	lth o	f Mass	achu	setts		RI	MV Doc	ument N		
Date of Crash 07/23/2019	Time of Crash 12:39	City/Tow NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Number Injured	Speed Li Latitude		State Loca	Police l Police A Police	XI X
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Operator/	TNOII-IVIOIOTIST		See Above			-			++				
									++				-



Crash Narrative:

The operator of MV#1 stated she was travelling southbound on Centre St in the left side travel lane and attempted to switch lanes into the right side travel lane. The operator of MV#1 stated MV#2 was in her blind spot and made MV#2 swerved into MV#3. MV#1 never made contact with MV#2. There were no reported injuries to the operator of MV#1 or its passenger. There were no damages to MV#1.

The operator of MV#2 stated he was travelling southbound on Centre St in the right side travel lane when MV#1 abruptly entered his travel lane causing him to swerve into MV#3. MV#2 sustained heavy front right side damages. There were no reported injuries to the operator of MV#2.

MV#3 was unoccupied and parked in front of 1211 Centre St. MV#3 sustained moderate damages to its left side. The owner of MV#3 was advised of this accident.

(Continued o	n next page)				
Witnesses:					
Name (Last, First, Middle)	Address			Phone # State	ement
Property Damage:	·				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
		<u> </u>			
Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
			,	Carrier Issuing Authority Code	35
Carrier Name					
Carrier Name		City		St Zip	
Carrier Name	State Number	City		St Zip	
Carrier NameAddressUS DOT #:		City		St Zip Interstate 36	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Number	City Issuing State	ICC #:_	St Zip	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Number	City Issuing State	ICC #:_	St Zip	

	→ Direction	1 ■ Vehicle 1	2 = Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →□	1 -	2	→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ng Lot
					☐ Garage	ig Lot
		- 	++ 	+	☐ Mall/Shopping C	Senter
			<u> </u>		Other Private Wa	
		 -	 	. — — — +		
			į į	į	Indicate North by	Arrow
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Crash Narrative:			##10C02	17 +- +1		
c89 4A marked lanes viol		III mail Cita	etion #TI26834	to the op	erator of MV#1 for violat	tions or
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:	Registration #		(From V	Vehicle Section)		
Carrier Name					Carrier Issuing Authority Co	de 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 Type	Reg State	Reg Year	Trai	iler Length	
Hazmat Information:	41					42
Placard 40 Material 1 dig	git # Material 1	Name		Material 4 di	igit # Release code	44
CITA V CETIADUDA		251	11		OF Inc.	2010
GITA K SETIABUDI		251	N N	EWTON POLICE DEPARTM	07/23/2	4017

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)