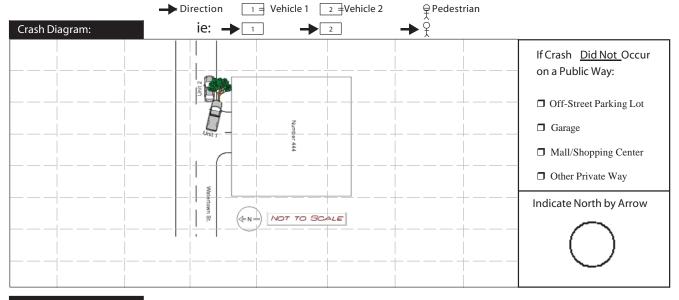
Route   Direction   Name of Roadway/Street   Route   Direction   Address   Name of Roadway/Street   2   2   2   2   2   2   2   2   2	[	Poli	ce Use Only		Commonweal	th o	f Massa	achu	isetts	5		RMV	V Docun	nent Number	
AT INTERSECTION:    Total			16:23	NEWTON	Motor			sh	Vehicles	Inju	red Lat	itude _		Local Police MBTA Police	Xi
1					<u>_</u>									CTION:	
Router Direction													2		
For   Notice   Direction   Name of Intersecting Roadway/Street   For   Notice   Direction   Name of Intersecting Roadway/Street   For   Notice	1	Route# Direct	tion	Name of R	oadway/Street	F		on Ac	ldress #		N	ame of F	Roadway/	Street	-
Route   Direction   Name of Intersecting Roadway-Street   Fee   N   S   E   W   of   Roadway-Street   Z	4			A									$ \frac{2}{}$		
Post   N   E   W   of   Internecting Readway/Street   Post   Internectin		Route# Direc	tion N	Name of Intersecting	Roadway/Street									Exit Number	_
Teel   Direction   Name of Intersecting Roadway/Street   Jandamark   Jandama				Also at Interse	ction with										-
See Number   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   1900000766   19000000766   19000000766   19000000766   1900000000000000000000000000000000000	2 <b>1</b>														2
License #		Route# Direct	tion	Name of Intersecti	ng Roadway/Street	Landmark									_
Sec. M   Lic. Class   D   18   Lic. Restrictions   1   9   DL   Veh Year 2003   Veh Make CHEVY   Veh Config.   2   9	3	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	umber		19	900000766	5					
Sec. M. Lic. Class   D   18   18   Lic. Restriction   19   CDL   Veh Year 20003   Veh Make CHEVY   Veh Config.   2   3		License#		St_MA	DOB/Age	Reg#	VT22098			Reg	Type_PA	.N	Reg	State MA	
Address   26 TRAPELORD   SELIAS   State   MA   Zip   02452   City   Address   38 BRAE BURN RD		Sex_M Lic. 0	Class D 18 1		1 CDL			Vel	n Make_C					20	
Address 38 BRAE BURN RD    City WALTHAM				ELIAS											_ 1
Insurance Company_UNITED SERVICES  Vehicle Travel Direction: NS W Responding to Emergency?  Vehicle Travel Direction: NS W Responding to Emergency?  Event Sequence 21 22 23 22 22 20 3 4 10 Undervarriage  Violation 1: Ch Sec Violation 2: Ch Sec Undervide Override  Violation 3: Ch Sec Violation 4: Ch Sec Undervide Override  Please fill out for operator and all occupants involved  Responding: Wehicle 2 0 for Occupants Involved  Address Age-DUB Sec Sec Sect Section Sec Sec Section Section Sec Above  Please fill out for operator and all occupants involved  Address Pass Section Section Sec Sec Section Section Sec Above  Please fill out for operator and all occupants of the following Section Sec Above  Please fill out for operator and all occupants of the following Section Sec Above  Please fill out for operator and all occupants of the following Section Sec Above  Please fill out for operator and all occupants involved Section Prior to Crash Sec Section Sec Section	1			First	Middle		S 38 BRAE BUI	RN RD		First			Mıddle		_   3
Solution # (If Issued)   Section # (If Issued)   Sec		City WALTH	AM	State	MA Zip 02452	City A	UBURNDALE					State	MA Z	Zip <u>02466</u>	_
Citation # (If Issued)  Citation # (If Issued)  Citation # (If Issued)  Violation 1: Ch. Sec		Insurance Com	pany_UNITED S	SERVICES		Vahiela Action Prior to Crack 21 Damaged Area Code: (Circle Up to Three)									ee)
Clatton # Ur State   21	5	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency?										
Violation 1: Ch_Sec_Violation 2: Ch_Sec_Underride		Citation # (If Is	ssued)			Most Harmful Event 23 10 Undercarri								iage	
Please fill out for operator and all occupants involved   AgeDOB   See		Violation	1: ChSec	Violation 2	: ChSec	Driver Contributing Code 22 24 24									
Operator  See Above  Non-Motorist A Type    Action   15	<sup>6</sup> 1	Violation	3: ChSec	Violation 4	: ChSec	Underri	ide/Override	25	Tow	ed Y	8	7		6	
Operator  See Above  Non-Motorist A Type  Action  License # St DOB/Age Reg # 5CN826 Reg Type PAN Reg State MA  Sex Lic. Class  Modeled Exciton  Sex Lic. Class  Modeled Exciton  Sex Lic. Class  Modeled Exciton  Sex Lic. Class  Modeled Exciton  Sex Lic. Class  Sex Lic. Cl				ator and all occupa			A ga/DOR	Cav		28 Airbag	29 3 Lirbag Ejec	0 31	32 Injury Tra	33 nsp.	0.1
License # St DOB/Age Reg # 5CN826 Reg Type PAN Reg State MA  Sex Lic. Class	,														<u>,                                     </u>
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License# St DOB/Age Reg # 5CN826 Reg Type PAN Reg State MA  Sex Lic. Class IS IS Lic. Restrictions Cold Diversity Pan Reg State MA  Sex Lic. Class St St DOB/Age Sex Veh Make HONDA Veh Config. 1  Operator State First Middle Address SERCAN  City State Zip City BRIGHTON State MA Zip 02135  Insurance Company LM GENERAL Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 22 22 22 22 22 23 3 40  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 1 1 Totaled  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Fox System States	7											1=1			
Sex Lic. Class	1			2 0_#Occupants	Non-Motorist A Type	14			ation	16 Co	ndition	17	Hit	:/Run	ed
Sex Lic. Class		License#		St	DOB/Age	Reg # 5CN826 Reg Type F					Type PA	AN Reg State MA			_
Operator				8	19							20			_
Address	8_				Endorsment	Owner YILMAZ SERCAN									
City	1		Middle		Las	LL RD		First			Middle				
Insurance Company LM GENERAL  Vehicle Action Prior to Crash  Insurance Company LM GENERAL  Insurance Company LM GENERAL  Vehicle Action Prior to Crash  Insurance Company LM GENERAL  Insurance Company LA GENERAL  Vehicle Action Prior to Crash  Insurance Company LA GENERAL  Insurance C														Zip_02135	
Vehicle Travel Direction: NSW W Responding to Emergency? Event Sequence 122 22 22 22 22 22 20 22 20 22 20 20 20 2	,						Action Prior to	Crash	11	21	Damag	ed Area	Code: (C	Circle Up to Thre	ee)
Citation # (If Issued)			_					22	2	3		<b>4</b>			
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24		Citation # (If Is	Most Harmful Event 1 23							iage					
Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Name (Last First Middle)	24 24 1								9	5 11 Totaled					
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Switch  Age/DOB  Sex System Status Switch  Code Code Status Code Medical Facility  Medical Facility											6				
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility				operator and all o					26 27 Seat Safety	28 Airbag	29 30 Lirbag Ejec	31 Trap	Injury [Tra	nsp.	
								Sex	Pos. Syste	m Status	Switch Co	de Code	Status C	ode   Medical Facil	lity
		1									+				
											+				$\overline{}$



## Crash Narrative:

At approximately 1620HRs on Thursday, July, 25, 2019, I was dispatched to 444 Washington St. in reference to a truck vs tree motor vehicle crash. Upon arrival, I noted MV1 (MA Vet: 22098) had partially left the roadway and came to rest when it struck a city tree on the sidewalk. Additionally, I noted MV1 struck MV2 (MA Pass: 5CN826), which was parked on the road in front of the tree/aforementioned address. MV1 sustained damage to its front clip and was leaking fluids. MV2 sustained damage to its right rear bumper/quarter panel area. Upon speaking with the operator of MV1, an employee of Tony's Auto Services, he stated that he was test riding the vehicle after they made repairs to its power steering system. He stated that as he traveled eastbound on Watertown St. at approx 30MPH, the vehicle's brakes failed and he guided MV1 towards the tree in an attempt to stop it without injuring anyone. Todys Services took custody of MV1. Newton (Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
Property Damage:					<b>!</b>			
Owner (Last, First, Middle)	Address	Phone # 34-Type Des			Descrip	cription of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehic	le Section)				35
Carrier Name						Carrier Issui	ng Authority Coo	
Address			City			St	Zip	
US DOT #:		Issuing State ICC #: Interstate					36	
Cargo Body Type Code Gross	s Vehicle Weight	38				20		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len	ngth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		07/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →	1	<b>→</b>	2	<b>→</b> $\frac{1}{2}$			
				<u> </u>		I	If Crash <u>Did Not</u> Oon a Public Way:	Occur
				<u> </u>	<u> </u>		☐ Off-Street Parking	g Lot
							☐ Garage	
							☐ Mall/Shopping Co	enter
		_ _		-	<del> </del>		☐ Other Private Way	
					<del> </del>		ndicate North by A	
	_	_		 - <del> </del>	 +			
							( )	
Crash Narrative:					1			
Fire cleaned up the leaki	ng fluids and	the	operato	or of MV1 sig	ned a patien	t refusal w	th Newton Medic	cs.
Newton Dispatch notified	the city to s	ee i	f they wi	shed to insp	ect the tree	which was	still freestand	ing and
appeared to only suffer m	ninor damage.	Tony	's Auto S	Services noti	fied the own	er of MV1 ar	nd I notified the	he owner
of MV2 of the crash. I su	bmitted a pic	ture	of the t	ree to IT to	be attached	to this rep	oort. I cleared	without
further incident.								
W:to cook								
W itnesses: Name (Last, First, Middle)			Address			Pho	one #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of D	amaged Property	
					7,1			
Truck and Bus Information:	D :				Will Care			
Carrier Name	Registration #			(Fror	n Vehicle Section)	Carrie	Issuing Authority Cod	e 35
Address				City		St	Zip	
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	3	8					
Trailer Reg #:	Reg Type		Reg State	Reg Y	ear Tra	ailer Length	39	
Hazmat Information:								
Placard 40 Material 1 digi	t # 41 Materia	al Nam	e		Material 4 o	digit #	Release code	42
CHRISTOPHER G HOWES			38	8804	NEWTON POLICE DEPARTS	<b>N</b>	07/25/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)