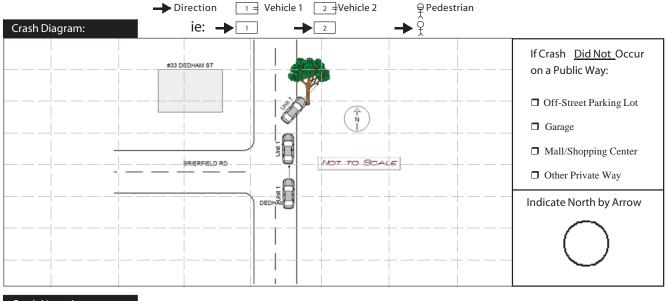
	Poli	ice Use Only		Commonweal	lth (of Massa	achu	isetts	5		RMV	V Docum	ent Number	
	Date of Crash 08/02/2019	Time of Crash 11:30 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lati	ed Limi itude igitude_		State Police Local Police MBTA Police Other:	AN D
			RSECTION:		OCA'		>	-					TION:	2
						NORTH	33		DEDI	IAM ST				
1 1	Route# Direc	tion	Name of Ro	adway/Street		Route# Direction	on Ad	ldress #		Na	ame of R	Roadway/S	Street	-
						Feet []	N S E	W of		Marker	_	or	Exit Number	-
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3	Route# Direc		Name of Intersectin	ng Roadway/Street							Lar	ndmark		
	XVehicle1	1_#Occupants	Hit/Run	Moped Case N	Number		19	900000794	!					
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4 1	ll .	JBASHEVSKIY Last DNADNOCK RI	First	Middle		TRUST Las BOX 685	t	DAIM	LER First			Middle		- 3
	City NEWTO		State_	MA 7in 02467		ROANOKE					State	TX Z	in 76262	-
		pany SAFETY II		Zip		e Action Prior to	Crash	1					ircle Up to Thre	ee)
5	Vehicle Travel	Direction: X	S E W Respon	ding to Emergency?	Event	Sequence 20	22 21 22	2 22	22 2	!	3		4	
	Citation # (If I	ssued) T1445105			Most I	Harmful Event	21 23			•	9	$\{ \ $	10 Undercarr 5 (1) Totaled	iage
6	Violation	1: Ch <u>89/4A</u> Sec	C Violation 2:	Ch90/18/sec	Driver	Contributing Co		19 24 7	7 24 8		VŢ		6	
⁶ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y							\dashv	
	Name (Last Fir		ator and all occupar	Address		Age/DOB	Sex S	26 27 Seat Safety Pos. System	Status Sw	itch Cod	O 31 Trap e Code	32 Injury Tran Status Cod	le Medical Facili	1 2
	Operator			See Above				1	3 9	9 0	0	8 1	NONE	\dashv
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7											1=1			_
1	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e	Action 1	Loca	ation	Con	dition	17	Hit,	/Run Mop	ed
	License#	License#StDOB/Age				g #Reg TypeReg State						_		
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Y	h Year Veh Make Veh Config. 20								
8 1	Operator	Last	First	Middle	Owner	Las	t		First			Middle		-
	Address					SS								-
	,					City State Zip Value 1. A stire Drive to Creek							- ee)	
						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 3 4								
	. , ,					Most Harmful Event 23							iage	
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Violation 3: ChSec Violation 4: ChSec					ec Underride/Override					6				
	Pl Name (Last Fi		operator and all oc	ccupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag Ai m Status S	29 Siper Strang Eject Witch Co) 31 Trap de Code	32 Tran		lity
		Non-Motorist		See Above							2340		32334 4011	



Crash Narrative:

Witnesses

On 08/02/19 I responded to single vehicle crash across the street from #33 Dedham St. The operator of veh #1 stated he was driving due North on Dedham St. when his car veered into the city tree. There was airbag deployment and heavy damage to veh #1. Operator of veh #1 had some cuts and scrapes to legs but was checked out by the Medics and signed a patient refusal. The vehicle was towed by Tody's towing and the operator was issued Mass Citation #T1445105 in hand for CH89/ Sec4a Marked Lanes violation (traveling outside of breakdown lane) and Ch 90/ Sec 18 Speeding (based upon the significant amount of damage to the vehicle and how far the debris was found from the crash site). The operator was picked up on scene by his daughter. Traffic Officer McSweeney arrived and took pictures of the damage to the city tree.

Withesses.				and the second s	
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage:	,				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged F	Property
NEWTON, CITY, OF	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS	0: 617-796-1000	3	DAMAGE TO CITY TREE	E/ BARK
Truck and Bus Information: Carrier Name	Registration #			Carrier Issuing A	Authority Code 35
Address		_ City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_	Iı	nterstate 36
Cargo Body Type Code 37 Gro	ss Vehicle Weight			39	
	Reg Type Reg State	Reg Year	Tra		
Hazmat Information:					
Placard 40 Material 1 digit	# 41 Material Name		Material 4	digit # Re	lease code 42

ZACHARY S RAYMOND		NEWTON POLICE DEPARTM	08/02/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date