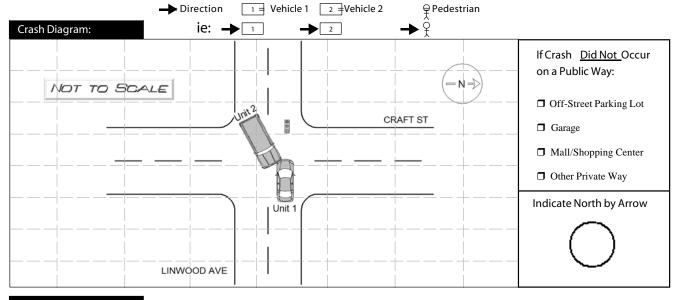
	Poli	ice Use Only		Common	wealth	of Mas	sach	use	tts		R	MV Do	cumen	nt Number	
	Date of Crash 08/16/2019	Time of Crash 09:15	City/To	Mo Mo		hicle Cr				lumber njured	Speed I Latitude	Limit <u>30</u>		tate Police ocal Police IBTA Police	NA NA
		24HR				Report		2		0	Longitu		C	Other:	_
		AT INTER	SECTION:	<	LOCA	ATION	>			NOT	AT IN	ITERS	SECT	ION:	2
	NOR	TH CRAFT	S ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street						eet	2 10		
	WEST LINWOOD AVE					Feet NSEW of • or Mile Marker Exit :						Exit Number	_		
	Route# Direc	etion N		ng Roadway/Street		Feet	N S I	E W o							_
2 1						Feet	NSI	EW o		Route#	Inte	rsecting	Roadwa	y/Street	3
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numbe	er		190000	0840						
	License#		St M	A DOB/Age	- Reg	# 4535VR			R	eg Tyne	PAN	I	Reg Stat	te MA	┥
	Sex_M Lic. 0	18 1		19	_	Year_2015	V	eh Mak					-	20	-
4	Operator BER		JACQUES	Endorsme	ent	er BERGERO	N		LVIAJE	AN				· [- 1
3	Address 18 DU		First	Middle		ress 18 DUFF S	Last			First		M	liddle		
	City WATERT		St	ate MA Zip 02472		City WATERTOWN State MA Zip 02472							02472		
	Insurance Com	pany COMMER	CE		Vehi	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Thro								;e)	
5 1	Vehicle Travel	Direction: N	S E X Res	onding to Emergency	? Ever	nt Sequence 1	22	22	22 22	2		3	4		
	Citation # (If Is	ssued)			Mos	t Harmful Even	t 1 2	23		1	_ `	9	5	10 Undercarri 11 Totaled	age
	Violation	1: ChSec	Violation	2: ChSec	Driv	er Contributing	Code	1 24	4	24	• /			11 Totaled	
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Und	erride/Override	2	^{.5} T	Towed Y			7	6		
	Please 1	fill out for opera	ator and all occu	pants involved Address		Age/DOB	Sex	26 Seat S Pos. \$	27 2 Safety Airb	28 29 ag Airbag us \$witch	30 Eject Tr Code C	31 32 rap Injury ode \$tatus	Transp.	Medical Facilit	1^{13}
	Operator	,		See Abov					1 4	4	0 0		1		
⁷ 2	Please Select C of the Followin	I A I Venicle	2 <u>1</u> #Occupar	ts Non-Motorist	t A Type	14 Action	15 Lo	cation	16	Conditi	on	17	Hit/Ru	un Mop	ed
	License#		St_M	A DOB/Age	- Reg	Reg # 323ESH Reg Type PAN						Reg State MA			_
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				_							20			
⁸ 2	Operator TIEN JOSEPH Endorsment					Owner TIEN VINCENT								_	
	Address 401 W	Last First Middle Address 401 WINCHESTER ST.					Address 401 WINCHESTER STREET Middle								_
	City NEWTON State MA Zip 02461					City NEWTON State MA Zip 02464								02464	-
	Insurance Company ARBELLA					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									:е)
	Vehicle Travel	Direction:	S E W Re	sponding to Emergency	y? Ever	Event Sequence 1 22 22 22 2 3 4									
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 19 24 24								age	
						Underride/Override Towed Y 8 7 6									
	Plo Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex	26 Seat S Pos.	27 2 Safety Airb System Sta	8 29 ag Airbag atus Switch	30 Eject Tr Code 0	31 32 rap Injury Code Statu			ity
		Non-Motorist		See Abov	e				1 4	4	0 0		1		
													1		\dashv



Crash Narrative:

ON 8-16-19 AT APPROX. 0915HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF LINWOOD AND CRAFT I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W- BOUND ON LINWOOD CROSSING OVER CRAFT ST. DRIVER STATES WHILE CROSSING CRAFT HE WAS HIT IN THE LEFT FRONT SIDE BY VEHICLE #2 WHO WAS TRAVELING E-BOUND ON LINWOOD AND WAS TRYING TO TURN LEFT ONTO CRAFT. VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON LINWOOD AND WAS STOPPED WAITING TO TURN N-BOUND ONTO CRAFT. DRIVER STATES HE THOUGHT VEHICLE #1 WAS ALLOWING HIM TO GO AND AS HE PROCEEDED VEHICLE #1 ENTERED THE TRAFFIC LANE AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD EXTENSIVE LEFT FRONT END DAMAGE AND WAS TOWED BY AAA.

VEHICLE #2 HAD MINOR FRONT END DAMAGE AND HIS VEHICLE WAS STILL OPERATIONAL. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

Witnesses:											
Name (Last, First, Middle)	Address				Phone #	Statement					
Property Damage:											
Owner (Last, First, Middle)	Phone # 34-Type Des				cription of Damaged Property						
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code											
Address City St Zip											
US DOT #: State Number Issuing State ICC #: Interstate											
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42						42					

THOMAS P WALSH		NEWTON POLICE DEPARTM	08/16/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date