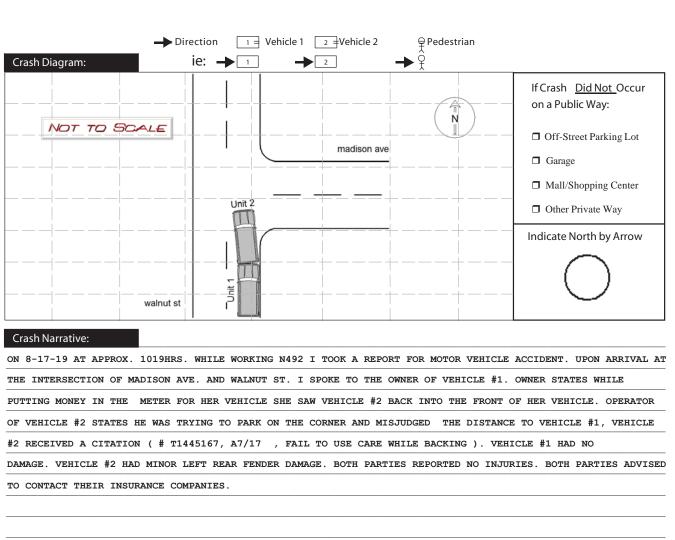
| | Poli | ice Use Only | | Commonw | vealth | of Mass | achi | ıset | ts | | RM | V Docu | ment Number | | |
|--------------------------------------|---|---|-------------------|---|---------------------------------------|--|---------------------------------|--|--------------------------|---------------------------|--------------------------------|-----------|---|---------|--|
| | Date of Crash 08/17/2019 | Time of Crash 10:19 | City/To | Mot | or Vel | hicle Cra | ash | Numb Vehicl | | 1 ^ | eed Lim | | State Police Local Police MBTA Police | □ Xì | |
| | 08/17/2019 | 10:19 24HR | NEWTON |] | Police | Report | | 2 | 0 | | ngitude_ | | Other: | e 🔲 | |
| | | AT INTER | SECTION: | < | LOCA | TION | > | | N | OT AT | INT | ERSE | CTION: | 2 | |
| | WES | T MADIS | ON AVE | | | | | | | | | | | 2 | |
| $egin{bmatrix} 1 \\ 1 \end{bmatrix}$ | Route# Direc | tion | Name of | Roadway/Street | | Route# Direct | ion A | ddress # | | N | ame of I | Roadway | /Street | | |
| | At NORTH WALNUT ST | | | | | Feet NSEW of or | | | | | | 2 | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exit Num | | | | | | | Exit Number | | |
| | Also at Intersection with | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | |
| 2 1 | | | | | | Feet NSEW of | | | | | | | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | |
| 3 | XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 1900000845 | | | | | | | | | | | | | | |
| | License# | | St M | A DOB/Age | Reg # | 1260XR | | | Reg | Type PA | AN | Reg | State MA | | |
| | Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | | | _ | ACTIDA | | | | | | | | | |
| 4 | Operator TOT NGUYEN Endorsment | | | | | Owner HO PAUL | | | | | | | | | |
| 1 | Address 264 H | Address 264 HOMER ST | | | | ess 264 HOME | ast R ST | | First | | | Middle | e | _ 1 | |
| | City NEWTON State MA Zip 02459 Insurance Company SAFETY | | | | | | | | | | | | | | |
| | | | | | | Value Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| 5 | Vehicle Travel | Direction: N | S E W Resi | oonding to Emergency?_ | | 22 22 22 2 | | | | | | | | | |
| | | ssued) | | | | Harmful Event | 23 | 3 | | | | ΑÌ | 10 Underca | rriage | |
| | , | | | 2: ChSec | | er Contributing (| | 1 24 | 24 | 1 | 9 | | 5 11 Totaled | | |
| ⁶ 1 | 1 | | | 4: Ch Sec | | erride/Override | 25 | | wed Y | 8 | 7 | | 6 | | |
| | | | ator and all occu | pants involved | | | | 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. | | | | | | | |
| | Name (Last Fir | st Middle) | | Address See Above | | Age/DOB | Sex | Pos. \$ yst | em Status : | witch Co | de Code | \$tatus C | ode Medical Fac | ility 2 | |
| | Орегию | | | 560116010 | | | | | 7 | 1 0 | | 10 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ⁷ 3 | l | lease Select One f the Following: W Vehicle 2 1_#Occupants Non-Motorist A 7 | | Туре | 14 Action 15 Location 16 Condition 17 | | | | Пн | it/Run Mo | ped | | | | |
| | License# | | St_M | | Reg # | Reg # 45EP61 | | | | Reg Type PAN Reg State MA | | | State_MA | _ | |
| | Sex_M_ Lic. | Sex_M Lic. Class D 18 18 Lic. Restrictions 19 CDL | | | | Veh Year 2015 Veh Make_NISSA | | | | AN Veh Config. 20 | | | | | |
| ⁸ 2 | Operator PAT | Operator PATTERSON DAVID Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | _ | |
| | Last First Middle Last First Middle Address 271 ALDEN RD. Address | | | | | | | | | _ | | | | | |
| | City FAIRHA | VEN | St | ate MA Zip 02719 | City | StateZip | | | | | | | | | |
| | Insurance Com | pany PROGRSS | IVE | | Vehic | cle Action Prior | to Crash | 10 | 21 | Damag | ged Area | Code: (| Circle Up to Th | nree) | |
| | Vehicle Travel | Direction: N | X E W Re | Even | 22 22 22 2 | | | | | | | | | | |
| | Citation # (If I | ssued) T1445167 | Most | Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled | | | | | | | | rriage | | | |
| | Violation 1: Ch_A7/17 Sec Violation 2: ChSec Driver Contributing Code 19 24 24 | | | | | | | |) - | | | | | | |
| | Violatio | Violation 3: ChSec Violation 4: ChSec Underride/Override | | | | | | | | | (Q | | | | |
| | Pl Name (Last Fi | ease fill out for | | Age/DOB | Sex | 26 2 Seat Safe Pos. Sys | 7 28 ty Airbag tem Status | 29 3 Airbag Eje | 0 31 Trap ode Code | | 33 ansp. Code Medical Fa | cility | | | |
| | | Non-Motorist | | See Above | | | | 1 | 4 | 4 0 | 0 | Status C | | CIMITA | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | + | | | | | | |



| #2 RECEIVED A CITATION (# T1445167, A7/17 , FAIL TO USE CARE WHILE BACKING). VEHICLE #1 HAD NO | | | | | | | | | | |
|--|----------------------|----------------|---------------|-------------------|--------------------|---------------------|-----------|--|--|--|
| DAMAGE. VEHICLE #2 HAD I | MINOR LEFT REAR | FENDER DAMAGE. | BOTH PARTIES | REPORTED | NO INJURIES. | BOTH PARTIES | ADVISED | | | |
| TO CONTACT THEIR INSURA | NCE COMPANIES. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Witnesses: | | | | | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone | # | Statement | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Dramarty Damage | | | | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Dam | aged Property | | | | |
| | 1.000 | | | , , , , | | -9 | | | | |
| | | | + | | | | | | | |
| | | | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Veh | icle Section) | | | | | | |
| Carrier Name | | | | | Carrier Iss | suing Authority Cod | 35 le | | | |
| Address | | | City | | St | Zip | | | | |
| US DOT #: | State Number | | Issuing State | ICC #: | | Interstate | 36 | | | |
| Cargo Body Type Code 37 | Gross Vehicle Weight | 38 | - | | | | | | | |
| | | | | _ | 39 | | | | | |
| Trailer Reg #: Hazmat Information: | Reg Type | Reg State | Reg Year | Tra | ailer Length | | | | | |
| 40 | 41 | | | | | | 42 | | | |
| Placard Material 1 di | git # Materia | l Name | | _ Material 4 o | digit # | _ Release code | | | | |
| | | | | | | | | | | |
| THOMAS P WAI SH | | | NEWTO | ON POLICE DEPARTS | | 08/17/2 | 019 | | | |