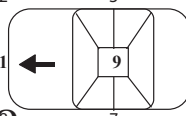
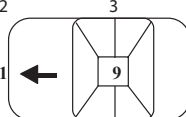


# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number					
Date of Crash 10/06/2019	Time of Crash 18:56 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
<div><div>NORTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001017			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator TAN WILSON Address 153 OAKLEY RD City BELMONT State MA Zip 02478 Insurance Company LIBERTY MUTUAL INS Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 5653DP Reg Type PAN Reg State MA Veh Year 1999 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 					
Please fill out for operator and all occupants involved				13					
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility				Operator See Above --- 1 4 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped									
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator KODISH DEANDRA N Address 1008 BEACONN ST City NEWTON State MA Zip 024590000 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 7XM318 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20 Owner KODISH JASON Address 1008 BEACON ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed N 					
Please fill out for operator and all occupants involved				13					
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility				Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1					

Crash Narrative:
Operator of MV1 stated he was stopped on Walnut Street eastbound at the red light when MV2 made a left turn from Centre Street onto Walnut Street and struck the front driver side of his vehicle.
Operator of MV2 stated she was traveling Northbound on Centre Street, making a left turn on Walnut Street when she struck the left side of MV1.
MV1 had damage to the front driver side bumper and headlight. MV2 had damage to the driver side door and rear left passenger door. Both parties stated they were not injured.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

SEAN STAKE			NEWTON POLICE DEPARTM		10/06/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					