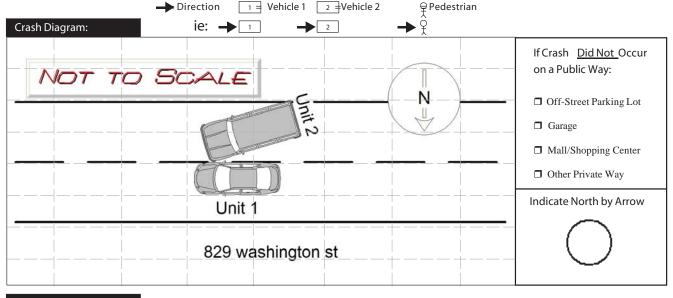
	ice Use Only					f Massa							nent Number	
Date of Crash 10/15/2019	Time of Crash	City/I NEWTON	own			icle Cra	$\mathbf{sh} \mid \mathbf{n}$	Number Vehicles			ed Limit tude		State Police Local Police - MBTA Police	X
10/15/2015	24HR					Report		2	0		gitude_		Other:	, u
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	ГАТ	INTE	ERSEC	CTION:	
						EAST	829		WASH	INGTO	ON ST			
Route# Direc	etion	Name o	of Roadway/Street	:	F	Route# Direction	n Addr	ess#		Nai	me of R	loadway/	Street	
-			At			Feet N	N S E W	of -		•		or		
Route# Dire	ction N	Name of Intersect	ing Roadway/Stre	et	— <u> </u> -	1 cct	15 21.	] 01	Mile N	Marker			Exit Number	
			ersection with		-	Feet	SEW	of	Route		Intersect	ting Roac	lway/Street	_
]						Feet	N S E W	of	Route		intersee	ting Roac	iway/Bucci	
Route# Direc	ction	Name of Inters	ecting Roadway/S	Street							Lar	ndmark		
XVehicle1	_1_#Occupants	Hit/Rur	Mope	ed Case N	lumber		1900	0001046						
License#		St N	1A DOB/Age		Dag # 6	5PB549			Dog Tv	no PAN	N	Dog	State_MA	
Sex_F_ Lic.	18 1		19		_	ar 2015							20	_
1			En/	OL dorsment			rator)					ven Coi	nng.	
Operator 10 H	RTONE  Last  AWTHORN STI	First	N	Middle		(Same as oper			First			Middle		-
			MA == 0	02465		s								-
City NEWTO			tate MA Zip 0	J2403	-			2					Zip Circle Up to Thi	
$\dashv$	npany COMMER					Action Prior to		22	22 2	Jamage	u Alea B	`	4	ice)
	l Direction: N		sponding to Emer	rgency?_N		requence 1	22 22 23	22					10 Undercar	rriage
	Issued) T1445180				Most H	Iarmful Event	1	24	24	<b>←</b>	9	$(\mid \mid \mid$	5 11 Totaled	nage
1	1: Ch90/9/ <b>B</b> Sec				Driver	Contributing Co	ode 1 25				<u> </u>	$\mathbf{M}$	6	
	1 3: ChSec				Underri	ide/Override		Tower	d <u>Y</u>	0   20	. 21			
Name (Last Fi	fill out for opera	ator and all occ		Address		Age/DOB	Sex Pos	t Safety System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	Trap Code	32 Injury Tra Status Co	nsp. de Medical Facil	lity
Operator			See	Above				- 1	4 4	0	0	10 1		
										+				-
Please Select (	One				14	1 1	5		16		17			$\neg$
of the Follow		2 <u>1</u> # Occupa	nts Non-Mo	otorist A Type	;	Action	Location	on	Cond	ition	.,	Hit	:/Run Mor	ped
License#	-	St_N	MA DOB/Age		Reg#_1	LJT54			_ Reg Ty	pe_PAN	N	Reg \$	State MA	
Sex_M Lic.	Class D 18 1	Lic. Restriction	19	DL	Veh Ye	ar_2013	Veh N	lake_FC	ORD			Veh Cor	20	
Operator KA	RIUKI	DANIEL		dorsment		(Same as oper	ator)							_
Address 229 1	East ST. (apt. 10	First	1	Middle	Address	Last			First			Middle		
City DRACU			tate_MA Zip_0	01826							State	7	Zip	_
Insurance Con					-	Action Prior to		1 2	1 I	Damage	d Area	Code: (C	Circle Up to Thi	ree)
Vehicle Travel	. ,	S W W R	esponding to Eme	ergency?N		Sequence 1 2	22 22	22	<b>22</b> 2		3		4	
Citation # (If				-8,		Iarmful Event	1 23		(		$\Lambda$		10 Undercar	rriage
1	on 1: ChSe	ec Violat	ion 2: Ch	Sec		Contributing Co		24	24	<b>←</b>	9	$\left\{ \left[ \cdot \right] \right\}$	5 11 Totaled	
	on 3: ChSe					ide/Override	25	Towed			7		6	
	lease fill out for				Undern	ide/Override [	2 Sea			9 30 ag Eject	31 Trap	.32	33	$\dashv$
Name (Last F	irst Middle)	operator and a	*	Address		Age/DOB	Sex Po	s. System	Status Sw	ag Eject itch Cod	Trap	Injury Tra	nsp. ode Medical Fac	ility
Operator	/Non-Motorist		See	Above				- 1	4 4	0	0	10 1		
								_						
										+				-
1		1				1		1		1	1	1 1	1	



## Crash Narrative:

ON 10-15-19 AT APPROX. 1129HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 829 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON WHEN VEHICLE #2 TRIED TO ENTER HER LANE AND HIT HER ON THE RIGHT SIDE CAUSING SCRAPES. VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON WASHINGTON ST. WHEN VEHICLE #1 TRIED TO ENTER HIS LANE AND HIT THE LEFT FRONT QTR. PANEL OF HIS VEHICLE. BOTH PARTIES STATED THE OTHER VEHICLE ENTERED THEIR LANE AND HIT THEM.

VEHICLE #1 HAD LEFT SIDE SCRAPES. VEHICLE #1 HAD AN EXPIRED REGISTRATION AND WAS UNABLE TO RENEW IT ONLINE.

VEHICLE WAS TOWED BY TODYS. VEHICLE #2 HAD LEFT FT. QTR. PANEL DAMAGE. HE WAITED ON THE SIDE OF THE ROAD FOR AAA TO RESPOND TO TOW HIS VEHICLE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. OPERATOR OF VEHICLE #1 WAS MAILED CITATION # T1445180 ( 90/9/B, OPERATING

(Continued of	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address			Phone	#	Statement	
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	scription of Damaged Property			
Truck and Bus Information:  Carrier Name	Registration #				Carrier Iss	uing Authority Cod	e 35	
Address			City		St	Zip		
US DOT #:			Issuing State	ICC #:_		Interstate	36	
	ss Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit #	Release code	42	

•	Direction	1   Vehicle 1	2 #Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 🖺	1	2	₽Ŷ		
Crash Diagram:	ie: →				If Cr on a	ash <u>Did Not</u> Occur n Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Tate North by Arrow
UNREGISTERED MOTOR VEHICL	E.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property
Truck and Bus Information:  Carrier Name			(From V		Carrier Issu	ing Authority Code 35
Address_			City		St	Zip
			•			36
US DOT #:	Г	38	Issuing State	ICC#:_		_ Interstate
Cargo Body Type Code G	ross Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tra	ailer Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	I Name		Material 4 o	ligit #	Release code 42
THOMAS P WALSH			N	EWTON POLICE DEPARTM		10/15/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)