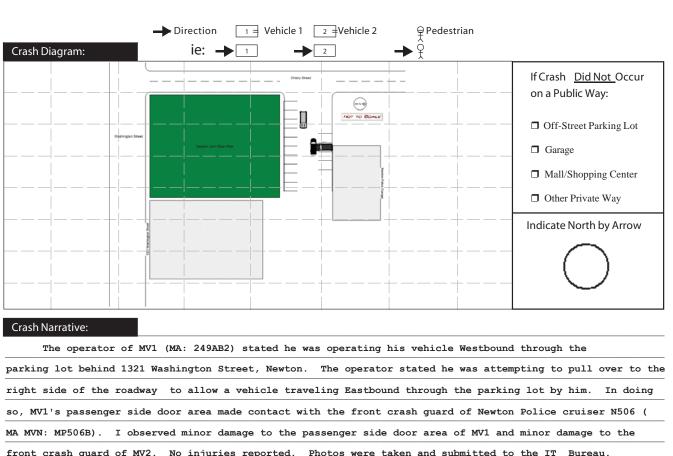
	Poli	ce Use Only		Com	monwea	iitii (II IVIAS	sacii	usei	12					t Number			
	Date of Crash 10/25/2019	Time of Crash	City/I NEWTON	Γown	Motor				Num			peed Lin		St Lo	ate Police ocal Police BTA Police	ZZ		
ļ	10/25/2015	24HR					Report		2	0		ongitude		Ot	ther:	_		
		AT INTER	RSECTION:		< I	LOCA	ΓΙΟΝ	>		N	OT A	T INT	ERSI	ECTI	ON:	╛		
١							WEST	г 13	321	WA	SHING	TON ST	,			ŀ		
1	Route# Direct	tion	Name	of Roadway/Str	reet		Route# Direc	ction A	ddress #	#		Name of	Roadwa	ay/Stre	et	_		
┨	At						Feet	N S E	w of			•	or			ŀ		
١	Route# Direction Name of Intersecting Roadway/Street					-	Feet NSEW of or Exit Number							4				
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street											
						Feet N S E W of												
4	Route# Direction Name of Intersecting Roadway/Street										L	andmarl	k		4			
	XVehicle1	#Occupants	Hit/Ru	n Mo	oped Case	Number		1	1900001	094						ı		
1	License#		St ^N	MA DOB/As	ge	Reg#	249AB2			Re	_{r Tyne} I	PAN	Re	eg State	. MA	1		
- 1	Sex_M Lic. C	Tlass D 18 13		19	CDL	_	ear_2017	Ve	h Make					Config.	20			
\dashv	Operator FITZ		KEVIN		Endorsment		CITY OF N	EWTON										
╝	Address 1321 V	Last WASHINGTON	First N STREET		Middle		1321 WAS			Fir EET	st		Mid	ldle				
	City NEWTON			State MA Zi	n 02465		NEWTON					Stat	_e MA	Zin	02465			
- 1	,	pany_SELF INSU			P	-	e Action Prior	to Crash		21				-	e Up to Three)		
	•	Direction: N		esponding to E	mergency? N		Sequence 2	22 1	22 22		2		<u> </u>	4				
_	Citation # (If Is		<u>s i j</u>	sponding to Li	mergency:		Harmful Event	2	3						10 Undercarria	ge		
		1: ChSec	Violatio	on 2: Ch	Sec		Contributing		1 24	24	1 +	- <u> </u>	9	5	11 Totaled			
1							ride/Override	2	_	wed N	8	<u> </u>	7	6				
+	Violation 3: ChSec Violation 4: ChSec U ₁ Please fill out for operator and all occupants involved						lide/Override			27 28 fety Airbag stem Status	29	30 31 Eject Trap Code Code	1 32 Injury	33 Transp.		\dashv		
-	Name (Last First				Address See Above		Age/DOB	Sex	Pos. \$y:					Code	Medical Facility N/A	\dashv		
-	— Орегатог							-	1	4	99	0 0	10	1	TYA	\dashv		
-																\dashv		
	Please Select O	IX Vehicle	2 <u>0</u> #Occupa	ents Non	-Motorist A Typ	1	4 Action	15	cation	16	Condition	17		Hit/Ru	n Mope	7		
-	of the Followin	ng:	.= <u>«</u> п оссира	ants Tron	motoristry Typ											_		
١	License # St DOB/Age 18 18 19			Reg#	Reg # MP506B Reg Type MVN Reg State MA 20						MA 20							
	Sex Lic. Class Lic. Restrictions CDL Endorsment					Yeh Year 2018 Veh Make FORD Veh Config. 2												
ı	Operator C						Owner CITY OF NEWTON Last First Middle											
┪							ddress 1321 WASHINGTON STREET											
- 1	CityStateZip				City N	City NEWTON State MA Zip 02465												
	Insurance Company_SELF INSURED				Vehicle	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three))						
	Insurance Comp	pany		$\begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 1 22 22 22 22 2 3 4										
	•	_		Responding to E	Emergency?N	Event	Sequence 1				- 1	Most Harmful Event 1 23 G 9 10 Undercarriage 5 11 Totaled						
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	Vehicle Travel I Citation # (If Is	Direction: N	XEW R			Most I		Code	24	24		-	9	5		0-		
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Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #	Crash Narrative:							
with side of the roadway to allow a vehicle traveling Eastbound through the parking lot by him. In doing to, MV1's passenger side door area made contact with the front crash guard of Newton Police cruiser N506 (AMVN: MP506B). I observed minor damage to the passenger side door area of MV1 and minor damage to the cront crash guard of MV2. No injuries reported. Photos were taken and submitted to the IT Bureau. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Name Carrier Issuing Authority Code 35 Address City State Number Issuing State Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 40 41 42	The operator of MV1	(MA: 249AB2) sta	ated he was	operating his v	vehicle	Westbound throu	ugh the	
NVI's passenger side door area made contact with the front crash guard of Newton Police cruiser N506 (DA MVN: MP506B). I observed minor damage to the passenger side door area of MV1 and minor damage to the passenger side door area of MV1 and minor damage to the passenger side door area of MV1 and minor damage to the pront crash guard of MV2. No injuries reported. Photos were taken and submitted to the IT Bureau. Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Issuing Authority Code Address City State Number Issuing State Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: 40 41	parking lot behind 1321 Wa	shington Street	, Newton. T	he operator sta	ated he	was attempting	to pull ove	r to the
Witnesses: Name (Last, First, Middle) Address Phone # Statement Address Phone # 34-Type Description of Damaged Property Carrier Name Car	right side of the roadway	to allow a vehi	icle traveli	ng Eastbound th	hrough t	he parking lot	by him. In	doing
Witnesses: Name (Last, First, Middle) Address Phone # Statement Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name	so, MV1's passenger side d	oor area made co	ontact with	the front crash	h guard	of Newton Polic	ce cruiser N	506 (
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name	MA MVN: MP506B). I observe	ed minor damage	to the pass	enger side door	r area o	f MV1 and minor	r damage to	the
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate Cargo Body Type Code Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: 40 41 Address Phone # 34-Type Description of Damaged Property Carrier Issuing Authority Code 35 Carrier Issuing Authority Code Address City St Zip Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Trailer Length 40 42	front crash guard of MV2.	No injuries rep	ported. Pho	tos were taken	and sub	mitted to the	IT Bureau.	
Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate Cargo Body Type Code Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: 40 41 Address Phone # 34-Type Description of Damaged Property Carrier Issuing Authority Code 35 Carrier Issuing Authority Code Address City St Zip Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Address Trailer Length 40 42								
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Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Issuing Authority Code Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 88 Type Reg State Reg Year Trailer Length 39 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: 40 40 41								
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Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Name	Witnesses:							
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Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #								
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #								
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Truck and Bus Information: Registration #	Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
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Carrier Name Carrier Issuing Authority Code Carrier Issuing Authority Code Carrier Issuing Authority Code St Zip US DOT #: State Number Issuing State ICC #: Interstate 36								
Carrier Name Carrier Issuing Authority Code	Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
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US DOT #: State Number Issuing State ICC #: Interstate Cargo Body Type Code	Address			City		St	Zip	
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Hazmat Information:	Trailer Reg #:	Reg Type	Reg State	Reg Vear	Tr	39 ailer Length		
40 41		Neg 19pe	105 51110		116	and Deligin		
	40	41 Material Nar	me		Material 4 o	digit #	Release code	42

MICHAEL R GAUDET			NEWTON POLICE DEPARTM		10/25/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date