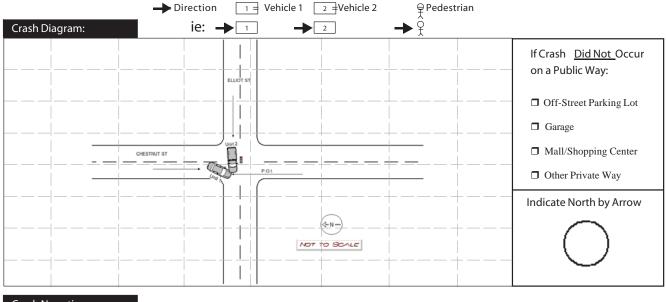
	Poli	ice Use Only		Comn	nonwea	lth o	of Mass	sacl	huse	etts			RM	V Doo	cumen	nt Number	
	Date of Crash 10/26/2019	Time of Crash 20:00	City/ NEWTON	Γown	Motor	Veh	icle Cr	ash	Nu Ve	mber hicles	Numl		eed Lim		SL	tate Police ocal Police IBTA Police	N N
	10/20/2019	20.00 24HR	NEWTON		Pol	ice I	Report		2		0		ngitude			IBIA Police Other:	
		AT INTER	RSECTION	:	< L	OCAT	TION	>			NO	T AT	INT.	ERS	ECT	ION:	
		CHEST	NUT ST														F
1 4	Route# Direc	tion	Name	of Roadway/Stree	et	I	Route# Direct	tion	Addres	s #		N	lame of l	Roadw	ay/Str	eet	
		ELLIOT	T ST	At			Feet	N S	E W	of –			•	or			ŀ
	Route# Direc	etion N	Name of Intersec	ting Roadway/Str	eet	-			<u> </u>		Mile	Marker	r			xit Number	_
			Also at In	ersection with			Feet	N S	EW	of	Rout		Interse	cting R	Coadwa	ıy/Street	-
² 1							Feet	N S	E W	of				Ü			
	Route# Direct	tion	Name of Inter	secting Roadway/	Street								La	ndmar	k		
3 1	XVehicle1	3_#Occupants	Hit/Ru	n Mop	ed Case N	lumber			19000	01097							
	License#		St ¹	MA DOB/Age		Reg#	Г793038С				Reg	vne PA	AN	R	eg Stat	te NY	
	Sex_M Lic. 0	18 1		19	 DL		ear_2018		Veh M:	ke HY					Config	20	_
4	Operator RIC		VINCENT	PAU	ndorsment L		FLEXDRIVI	E SER		ucc						·	_
3	Address 187 P	Last LEASANT ST	First		Middle		S 2280 BETH			3	First			Mi	ddle		- L
	City WORCES			State_MA_Zip_	01609		ATFIELD						State	PA	Zin	19440	
	,	pany ALL STAT		•		-	Action Prior	to Cra	sh [2 21						ele Up to Thr	ee)
5		Direction: N			ergency? N		Sequence 1	22	22	3	22 2	2	3		4		
1		ssued)		sponding to Line	argency		Iarmful Event	\vdash	23					A		10 Undercarr	riage
	,	1: ChSec		on 2: Ch S	lec		Contributing (99	24	24	-	9	4	5	11 Totaled	
⁶ 1		3: ChSec					ide/Override	Joue	25	Towed		9	7		6		
		fill out for opera				Underr	Tide/Override	<u> </u>	26 Seat			29 Eje	30 31	32 Injury	33 Transp.		
	Name (Last Fir		1		Address		Age/DOB	Sex	Pos.		28 Airbag Ai Status Sv		de Code		Code	Medical Facili	ity
	Operator				e Above						4 4	_	0	10	1		
	LETCHER, AN	INA						F	6	1	4 4	0	0	10	1		
	AH-AHMAD,	MAYA						F	4	1	4	1 0	0	10	1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	ants Non-M	Motorist A Type	2	4 Action	15 I	ocation	1	Cor	ndition	17		Hit/Ru	un Mop	ed
	License#		St _	MA DOB/Age	e 	Reg # 8GS182					Reg Type PAN Reg					g State MA	
	Sex_M Lic. 0	Class D 18 1	8 Lic. Restricti	ons 19 C	DL	6346						Config					
8	Operator MA	CELLAN	JASON	Er	ndorsment	Owner	SCIPIONE		s	HIRLE							
2	Address 10 HORTON ST First Middle					Address 204 SUMNER ST											
City ATTLEBORO State MA Zip 0					02703	City NEWTON State MA Zip 0							02459				
	Insurance Com	_{ipany} GOVT EM	IPLOYEE INSU	RANCE		Damaged Area Code: (Circle Up to Three)										ee)	
	Insurance Company GOVT EMPLOYEE INSURANCE Vehicle Travel Direction: N S E N Responding to Emergency? N						Event Sequence 1 22 22 22 22 22 3 4										
	Citation # (If Issued)					Most Hormful Event 1 23									riage		
	Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 99 24 24 5 11 Totaled										
							Underride/Override 25 Towed N 8 7 6										
		ease fill out for							26 Seat			29 3 rbag Eje	30 31 Trap	32 Injury	33 Transp.		_
	Name (Last Fi	rst Middle) Non-Motorist	1	See	Address Above		Age/DOB	Sex		System	Status S	witch C	ode Code	Status	Code	Medical Faci	lity
	Орегают.	14011-1410101131		366	. 110000					1	4 4	0	0	10	1		
								-	+		\dashv	+	+				-



Crash Narrative:

Vehicle #1 stated they were traveling southbound on Chestnut St. and was turning right on green onto Elliot
St. when they were struck by vehicle #2 in the front left corner. Vehicle #2 stated they were traveling west
on Elliot St. crossing Chestnut St. Vehicle #2 stated he had the green light when he was struck by vehicle
1 in the right front corner.

Vehicle #1 had minor damage to its front left corner and was able to be driven away. Vehicle #2 had minor damage and was able to be driven away.

Operator of vehicle #1 stated he was uninjured and refused any medical attention. Both passengers were asked if they were injured and they said no and both refused any medical attention. Operator of vehicle #2 stated he was uninjured and refused any medical attention.

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	cription of Damaged Property			
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issuir	ng Authority Coo	35 le	
Address			City			St	_ Zip		
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#_		Release code	42	

KEVIN DONOVAN		NEWTON POLICE DEPARTM		10/26/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date