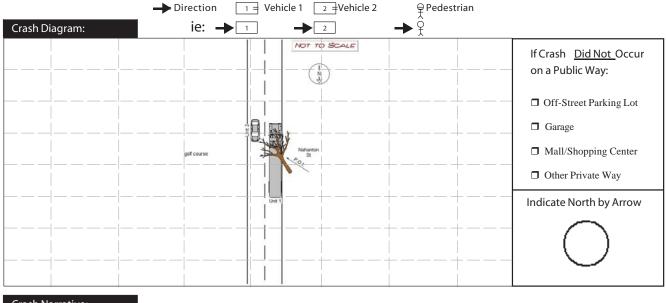
Poli	ce Use Only		Comn	nonweal	lth o	f Massa	achus	setts					ment Numb	
Date of Crash 11/04/2019	Time of Crash 15:36	City/I NEWTON	`own	Motor	Vehi	icle Cra	sh	Number Vehicles	Numb Injure		ed Limi itude		State Police Local Police MBTA Po	ce X
11/04/2019	24HR			Pol	ice F	Report		2	0		gitude_		Other:	lice 🔲
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	ГАТ	INTI	ERSE	CTION:	
						WEST	210		NAHA	NTON	ST			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							/Street		
-			At			Feet N	N S E V	of -		•	•	or		
Route# Direc	tion N	Name of Intersect	ing Roadway/Stre	eet	— F				Mile	Marker			Exit Numb	per
		Also at Int	ersection with		[-	Feet N	N S E V	of of	Route	#	Intersec	ting Roa	idway/Street	
Route# Direct		Name of Inter-	ecting Roadway/	Stan at	-	Feet N	SEV	of						
Route# Direct	non	Name of Inters	ecting Roadway/	Street							Laı	ndmark		
XVehicle1	1_#Occupants	Hit/Ru	п Моро	ed Case N	Number		190	0001134						
License#		St_C	GA DOB/Age		Reg # _4	11210Z			_ Reg T	ype_TL		Reg	State_ME	
Sex_M_ Lic. 0	Class A 18 1	Lic. Restriction	ons B CI	DL	Veh Ye	ar_2018	Veh !	Make_H	YUN			Veh Co	onfig. 7	20
Operator SUN	INER	JAMES First	LEE	Middle	Owner	XTRA LLC			First			Middle		
Address 607 G	ARY AVE	First		Middle	Address	7911 FORSY	TH BLVE)	First			Middle	e	
City NASHVI	LLE		tate_GAZip_	31639	City ST LOUIS State MO Zip 63105									
Insurance Com	pany FREIGHT	WAY TRANSP		Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									Three)	
Vehicle Travel	Direction: N	S E X Re	sponding to Eme	ergency? N	Event S	Sequence 21 2	22 22	22	22 2		3		(4)	
Citation # (If Is	ssued)			Most Harmful Event 21 23 10 Undercarriage 5 11 Totaled										
	1: ChSec	c Violatio	on 2: ChS	ec	Driver	Contributing Co	ode 99	24	24		ŹÍ) II Iotak	ou .
Violation	3: ChSec	c Violatio	on 4: ChS	ec	Underri	ide/Override	25	Towe	8 d_N_		7		6	
Please f		ator and all occ	upants involved	d Address		Age/DOB	Sex Po	26 27 at Safety	28 Airbag Air Status Swi	29 30 Dag Ejec tch Code	Trap e Code	32 Injury Tr \$tatus C	33 ansp. ode Medical l	Facility
Operator	st Wildie)			Above				1	4 99		0	10 1		racinty
									10		15			
Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupa	nts Non-M	lotorist A Type	e 14	Action	5 Locati	on	Cone	dition	17	Пн	it/Run	Moped
License#		St_ ¹	MA DOB/Age		Reg#	947HR9			Reg T	ype_PA	N	Reg	State_MA	
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					the Year 2001 Veh Make HONDA Veh Config. 1							20	
	Operator ALGARIN EMMA I Endorsment					Owner (Same as operator)								
	Last TTERSON WA	Y (apt. 455)		Middle	Address	Las:	t		First			Middle	e	
City BOSTON			state_MAZip_	02127							State		Zip	
Insurance Com	pany COMMER	RCE			Vehicle	Action Prior to	Crash	1 2	1	Damage	ed Area	Code: (Circle Up to	Three)
Vehicle Travel	_		esponding to Eme	ergency?N	Event S	Sequence 21 2	22 22	22	22 2		3		4	
Citation # (If Is	ssued)				Most H	Iarmful Event	21 23			'			10 Under	_
Violation	n 1: ChSe	ec Violat	ion 2: Ch	Sec	Driver	L Contributing Co		24	24	•	9) 5 11 10tan	zu
			ion 4: Ch			ide/Override	25	Towed			0		6	
Ple	ease fill out for		ll occupants inv			<u>_</u>	Ser			29 30 Dag Ejec) 31 t Trap	32 Injury Tr	33 ransp.	
Name (Last Fig. Operator/	rst Middle) Non-Motorist		See	Address		Age/DOB	Sex Po	System	Status Sv	ritch Coo	de Code		Code Medical	Facility
Operator/	. ton-motorist		366	110010				1	3 9	, 0	U	10 1	-	



Crash Narrative:

MV#1 stated while driving his truck and trailer Westbound on Nahanton St across from the golf course the right top side of the trailer struck a City of Newton tree. MV#1 stated after hearing and feeling the collision he immediately stopped his MV. The collision caused part of the tree to break off and fall on top of his truck as well as into the Eastbound lane. MV#1 sustained minor damage to the top passenger side of his trailer.

MV#2 stated while traveling Eastbound on Nahanton St she witnessed MV#1 strike a tree on the top passenger side of his vehicle. MV#2 stated a tree branch then fell from the top of his MV into her Eastbound lane. The branches scratched the diver side of her vehicle while passing. MV#2 had scratch marks that was consistent to both operators statements. MV#2 sustained minor damage.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address		Phone #	Statement				
Property Damage:								
Owner (Last, First, Middle)	Address	Phone #	Description of Damaged I	scription of Damaged Property				
	OOO COMMONWEALTH A NEWTON,MASSACHUSETT		97	NM				
Truck and Bus Information: Carrier Name XTRA LLC Address 7911 FORSYTH BLVD US DOT #: Sta Cargo Body Type Code 97 Gross V Trailer Reg #: 411210Z Hazmat Information: Placard 40 Material 1 digit #	Vehicle Weight 2 38 Reg Type TL Reg State	City_ST LOUIS Issuing State MISSO Reg Year_201	OU ICC #:_ 7 Tr	39	Zip 63105 Interstate 99 36			

•	Direction	1 =	Vehicle 1	2 =	Vehicle 2	₽ Pedesti	ian			
Crash Diagram:	ie: →	1	_	2] -	→ ♀				
		_						If Crash <u>Did Not</u> on a Public Way:	Occur	
								☐ Off-Street Parkin	g Lot	
								☐ Garage		
		_						☐ Mall/Shopping C	enter	
		_						☐ Other Private Wa		
		-		-+		· — — —		Indicate North by A		
		_				. — — —				
								()		
Crash Narrative:										
Both parties stated the w	ere not injur	ed a	and refu	sed m	edical atte	ention at t	his time	e. Neither vehicle	was	
towed from the scene due	to minor dama	ge.								
City of Newton Public wor	ks along with	Nev	vton Fir	e wer	e able to s	safely remo	ve the h	oranches from the t	railer	
as well as the road.										
Witnesses:										
Name (Last, First, Middle)			Address					Phone #	Statement	
Property Damage:							ļ		-	
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address				Phone #	34-Туре	Descriptio	cription of Damaged Property		
Truck and Bus Information:	Registration #				(From \	Vehicle Section)			25	
Carrier Name								Carrier Issuing Authority Co	de 35	
Address				C	ity			St Zip		
US DOT #:	State Number				Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 G	ross Vehicle Weight		38							
Trailer Reg #:	Reg Type		Reg Sta	ite	Reg Year	· Tr	ailer Length	39		
Hazmat Information:	41								42	
Placard Material 1 digi	t # Materia	al Nar	me			Material 4	digit #	Release code	74	
SCOTT SIEGAL					N	EWTON POLICE DEPART		11/04/2	2019	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)