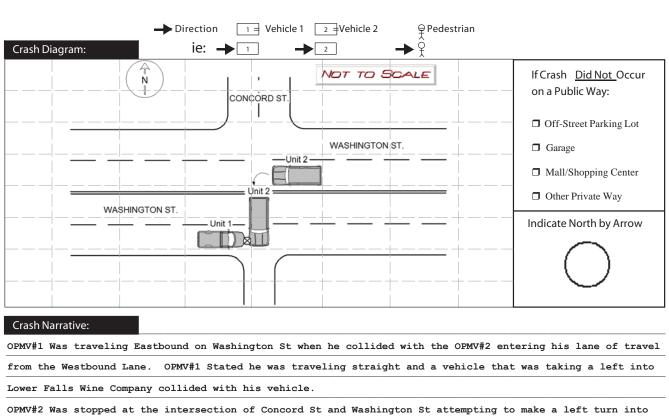
	Poli	ice Use Only		Comn	nonweal	lth o	of Massa	achi	uset	ts	[R	MV Do	cumer	ıt Number	
	Date of Crash 12/05/2019	Time of Crash 17:57	City/	Town	Motor	Veh	icle Cra	sh	Num			Speed I Latitude	imit <u>30</u>	S	State Police Local Police MBTA Police	<u> </u>
	12/03/2019	24HR	NEWTON		Pol	ice I	Report		2	0		Longitu			ABTA Police Other:	
		AT INTER	RSECTION	}	< L	OCAT	ΓΙΟΝ	>		N	TOI	AT IN	TERS	SECT	ION:	
	SOU	TH CONCO	ORD ST													F
$\mathbf{\overset{1}{4}}$	Route# Direction Name of Roadway/Street At WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street				t	Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number							_ - - -			
													zvit Numbor	-		
					Mile Marker Exit Number Feet N S E W of								-			
			Also at Int	ersection with		-	_				oute#	Inte	rsecting l	Roadwa	ay/Street	- -
2 1	Route# Direct	tion	Name of Inter	secting Roadway/	Street	[-	Feet [N S E	W of							
3	Route# Direction Name of Intersecting Roadway/Street				Street	Landmark									\dashv	
1	XVehicle1	#Occupants	Hit/Ru	n	ed Case N	Number		1	900001	250						
	License#		St ¹	MA DOB/Age		Reg#1	FF7119			Re	g Type	PAN	F	Reg Sta	te MA	
		18 18	8 Lic Restricti	19		_									20	
4	Endorsment				ndorsment	(Company of the Config.									_	
3	Address 37 AU	Last UTUMN LANE	First		Middle	Last First Middle Address									- L	
				State MA 7:	02451										-	
City WALTHAM State MA Zip 02451 Insurance Company THE STANDARD FIRE INS.						City State Zip Valviale Action Prior to Creek 21 Damaged Area Code: (Circle Up to Three)										
5	1				- N		e Action Prior to		2 2			iiugcu A	3	e. (CIIC 4	Le op to Till	~)
1	Vehicle Travel	Direction: N	S W Re	sponding to Eme	ergency?_N	Event S	Sequence 1	22 2					Ī	<u> </u>	10 Undercarr	iane
	Citation # (If Is	ssued)				Most H	Harmful Event	1		24	ຸ (0 ◀	⊢ │	9	5	11 Totaled	lage
6	Violation	1: ChSec	Violati	on 2: ChS	ec	Driver	Contributing Co			1 24	$\begin{bmatrix} 1 \\ 0 \end{bmatrix}$		7			
⁶ 1		3: ChSec				Underr	ride/Override	25	To	owed N						
	Please f	fill out for opera	ator and all occ		d Address		Age/DOB	Sex	26 Seat Sa Pos. \$y	27 28 fety Airbay stem Statu	g Airbag s Switch	30 Eject Tr Code Co	31 32 ap Injury ode \$tatus	Transp Code	. Medical Facili	ity .
	Operator	,			Above				9	9 4	99	0 0		1		
-																
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nnts Non-M	Notorist A Type	e 1	4 Action 1	Loc	ation	16	Conditio	on	17	Hit/R	un Mop	ed
	License#	icense #St MA DOB/Age			=====	Reg#_2HD534				Reg Type PAN				Reg State_MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2006 Veh Make VOLV Veh Config. 1										
8	Operator HOLMES EDWIN Endorsment				ndorsment	Owner (Same as operator)										
2	Address 30 CRESTWOOD DR					Last First Middle										
	City WELLESLEY State MA Zip 02481				02481	Address									-	
						City State Zip Value Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								ee)		
	Insurance Company THE COMMERCE INS. Vehicle Travel Direction: NSE Responding to Emergency? N Citation # (If Issued)					venicie Action Prior to Clash 4								-,		
						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								iage		
	Violation 1: ChSec Violation 2: ChSec Driver Contribu						er Contributing Code 19 18									
		n 3: ChSe				Underr	ride/Override		To	wed N	-	20	21 22		T	
	Plo Name (Last Fi	ease fill out for	operator and a	all occupants in	volved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 fety Airba ystem Stat	29 Airbag us Switch		31 32 ap Injury ode Statu			lity
		Non-Motorist		See	Above				9	9 4	99	0 0	10	1		
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OPMV#2 Was stopped at the intersection of Concord St and Washington St attempting to make a left turn into Lower Falls Wine Company when he was struck by the OPMV#1. OPMV#2 Stated he was being let go by a vehicle stopped in the opposite lane and couldn't see if anyone was in the other lane due to a bus obstructing his vision when he collided with another vehicle driving straight on Washington St.

Witnesses:									
Name (Last, First, Middle)	Address		Phone # Statement						
Property Damage:	•								
Owner (Last, First, Middle)		Phone #	34-Type	scription of Damaged Property					
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	35				
Carrier Name									
Address			City		St Zip				
US DOT #:			_ Issuing State	ICC #:_	Interstate 36				
Cargo Body Type Code 37 Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length 39				
Hazmat Information:									
Placard 40 Material 1 digit #	Material Nar	me		Material 4	digit # Release code 42				

REID LARSON		NEWTON POLICE DEPARTM	12/05/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date