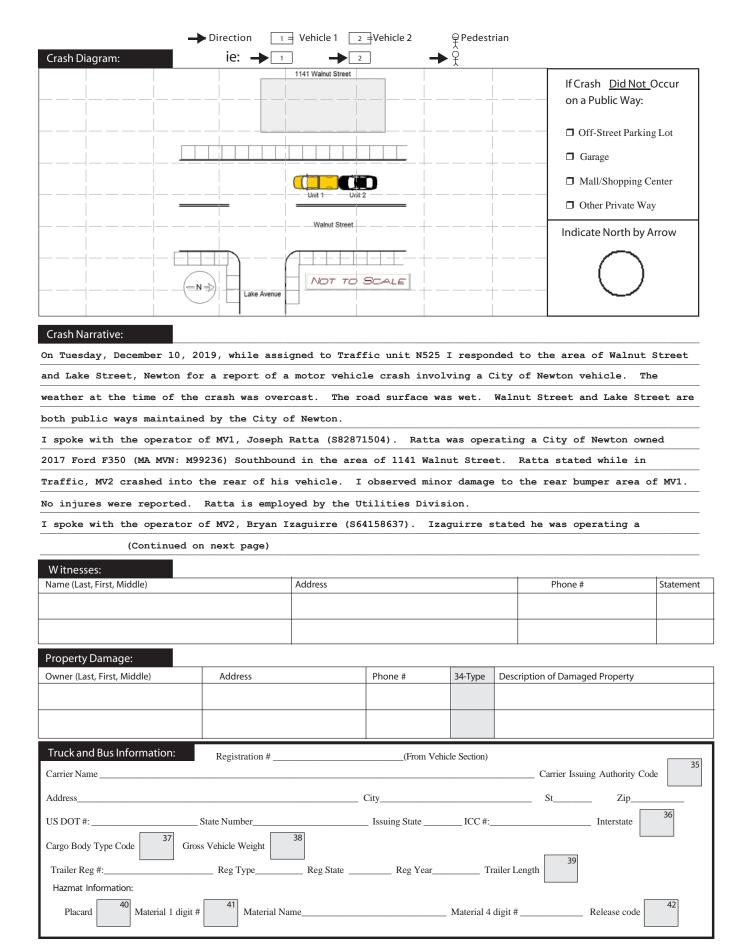
[	Polic	ce Use Only		C	<u>Com</u> mor	ıweal	th o	of Mas	sach	use	etts							t Number	
	Date of Crash 12/10/2019	Time of Crash	City/ NEWTON	Town	M	otor	Vehi	icle Cr	ash		mber hicles	Num Inju			Limit de		- Sta	ate Police ocal Police BTA Police	
L	12/10/2019	24HR	NEWTON					Report		2		0			tude_		Ot	ther:	ш
		AT INTER	RSECTION	i:	<	L	OCAT	TION	>			N(	)T A	TI	NTE	RSE	CTI	ON:	
								sou	гн 1	1141		WAL	NUT	STRE	ET				
	Route# Direct	tion	Name	of Road	lway/Street		R	Route# Direc	ction	Addres	s#			Name	e of Ro	oadway	y/Stre	et	_
$\dashv$				Feet N S E W of • or				ρΓ											
	Route# Direct	tion N	Name of Intersec	cting Roa	adway/Street		-					Mil	e Mark	er			Ex	cit Number	
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with							Feet NSEW of Route# Intersecting Roadway/Street										-		
Route# Direction Name of Intersecting Roadway/Street							Feet NSEW of												
╣,	Route# Direction Name of Intersecting Roadway/Street							Landmark											
	XVehicle1	2_#Occupants	Hit/Ru	ın [	Moped	Case N	umber			19000	01271								
7	License#		St	MA D	OOB/Age		Reg # N	M99236				Reg	Type 1	MVN	ī	Rec	r State	. MA	
	Sex_M Lic. C	18 18			19 R CDI		Reg # M99236         Reg Type MVN         Reg State MA           Veh Year 2017         Veh Make FORD         Veh Config.         2												
$\neg$	Operator RAT		JOSEPH	ions	P Endorsm	nent					IKC					VCIIC	omig.		
	Address 73 MA	ARLBORO RD	First		Middle		Owner         CITY OF NEWTON           Last         First         Middle           Address         1000 COMMONWEALTH AVE												
	City SOUTHB			State M.	A Zip 01772		City NEWTON State MA Zip 02459												
	-	<sub>pany</sub> CITY OF N		State	Zip				r to Cras	h [	21	_					-	e Up to Thre	ee)
	_	Direction: N		ecnondin	ng to Emergenc	N	Vehicle Action Prior to Crash  Event Sequence  1 22 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2												
	Citation # (If Is		A E W	espondin	ig to Emergenc	y :	Most Harmful Event 23								iage				
		1: Ch Sec	Violati	ion 2: Cl	h Sec				_	1 2	24	24	1	•	9		0	11 Totaled	
							Driver Contributing Code 1 Towed N 8 7 6  Underride/Override 25 Towed N 7 6												
$\dashv$	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved						Age/DOB Sex Post: \$\frac{26}{8} \frac{27}{8} \frac{28}{8} \frac{29}{8} \frac{30}{8} \frac{31}{8} \frac{32}{17} \frac{33}{17} \fr												
-	Name (Last Firs		1	r	Addres			Age/DOB	Sex					- 1		Status C	Code	Medical Facilit	ty
-	Operator			21 LAWI	See Abo	ve					-						1	N/A	
-	CONSERVA, V	VILLIAM, A			HAM, MA 0218	0			M	3	1	4	99	)	0	10	1	N/A	
	Please Select O		2 2 #Occup	ants [	Non-Motoris	st∆ Type	14	4 Action	15	ocation	1	16 Co	nditior		17		lit/Ru	п  Мор	ed
$\dashv$	of the Following: Wehicle 2 2_# Occupants Non-Motorist A Ty					strt Type								Mop	cu				
	License # St MA DOB/Age						Reg #         8ZP172         Reg Type         PAN         Reg State         MA								MA 20	-			
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL Endorsment					nent	Veh Year 2016 Veh Make HONDA Veh Config. 1												
	Operator IZAGUIRRE BRYAN Y  Last First Middle						Owner GONZALEZ CLAUDIA A  Last First Middle										-		
	Address 81 PROSPECT STREET						Address 9 BISHOP TERRACE									-			
	City WALTHAM State MA Zip 02453						City WALTHAM State MA Zip 02452									-			
	Insurance Company STANDARD FIRE						Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										ee)		
	Vehicle Travel Direction: NXEW Responding to Emergency? NCItation # (If Issued) T2012561					Event Sequence 1 22 22 22 22 22 3 4										.			
						Most Harmful Event 1 23 G 9 10 Undercarriage 5 11 Totaled										iage			
	Violation 1: Ch_19/75_Sec Violation 2: ChSec						Driver Contributing Code 19 24 24												
	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed N 8 7 6												
		Please fill out for operator and all occupants involved Name (Last First Middle) Address							Sex	26 Seat Pos.	27 Safety	28 Airbag A	29 Lirbag Switch	30 Eject T Code			33 ransp.		
			operator and	an occu	*	SS		Age/DOR			DANIGHT	Stama.			Code	Stame	Code 1	Medical Facil	litv I
	Name (Last Fir		operator and	all occu	Addre See Abov			Age/DOB			System 1						Code 1	Medical Facil N/A	lity
	Name (Last Fir	Non-Motorist		9 BISHO	See Abov	ve		Age/DOB		3	1	4		)	0	10	1		lity
	Name (Last Fir	Non-Motorist		9 BISHO	See Abov	ve		Age/DOB			1	4	99	)	0	10	1	N/A	lity



MICHAEL R GAUDET 12/10/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

•	→ Direction	1 =	Vehicle 1	2 = Vehicle 2	₽ Pedes	trian		
Crash Diagram:	ie: →[	1	<b>→</b>	2	→ 🖁			
	 					<u> </u>	If Crash <u>Did Not</u> on a Public Way:	Occur
					<u> </u>	<u> </u>	☐ Off-Street Parkin	g Lot
							☐ Garage	
							☐ Mall/Shopping C	Center
		_ _		_		<u> </u>	☐ Other Private Wa	
		_ -		- <del> </del>	<u> </u> 	<u> </u>	Indicate North by A	
				_	 	<u> </u>	Indicate North by /	WI OW
							( )	
						+		
Crash Narrative: 2016 Honda Civic (MA: 8ZI	2172) Southbou	nd i	n the ar	ea of 1141 Wa	alnut Street	. Newton	. Izaguirre stated	
the front bumper of his v								
injuries were reported.								
Pictures were taken and s	submitted to the	he I	T Bureau	. Izaguirre	was issued	Massachu	setts Uniform Citat	ion
T2012561 for Newton City	Ordinance Vio	lati	on Chapt	er 19, Sectio	on 75 (Failu	re to Us	e Care).	
W itnesses:								
Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)			Phone #	34-Type	Description	on of Damaged Property		
Truck and Bus Information:								
Carrier Name	Registration #			(Fro	m Vehicle Section)		Carrier Issuing Authority Co	35 de
Address				City			,	
US DOT #:				-				36
37	ross Vehicle Weight		38					
Trailer Reg #:	ا ت		Reg State	Reg Y	ear 7	Frailer I enoth	39	
Hazmat Information:	Rog Type		_ 105 5410	Kog 1		anoi Dengu		
Placard 40 Material 1 digi	it # 41 Materia	ıl Nam	ne		Material	4 digit #	Release code	42
MICHAEL R GAUDET					NEWTON POLICE DEPAR	RTN	12/10/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)