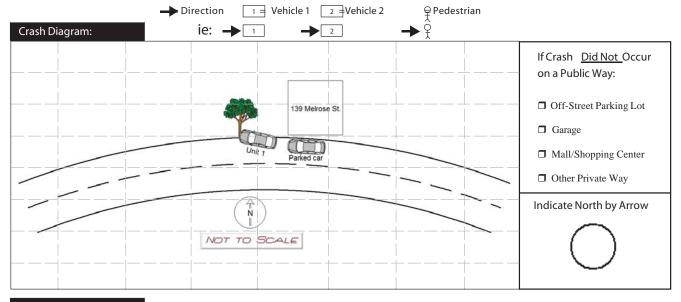
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	Name (Last Fire		ator and all occi		Iress		Age/DOB	Sex	26 Seat S Pos. S	27 Safety A System S	28 irbag Air Status Sw	29 3 bag Ejec tch Cod	0 31 et Trap e Code	32 Injury Status	Transp. Code	Medical Facili	ity
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Crash Narrative:

(Continued on next page)

At approximately 1840HRs on Saturday, December 14, 2019, I was dispatched to 139 Melrose St. for a report of a single car vs tree MVA. Upon arrival, I observed MV1 (MA Pass:13LM32) to be at rest on the side of the road with it's front end contacting a tree, aproximately 150 feet south of the above address at a bend in the road. It should be noted that it had been raining for hours prior to this accident and that the road surface was wet; additionally the tree did not appear to be damaged. Upon speaking to the operator of MV1, he stated that he was traveling Southbound on Melrose St. when he navigated around a parked car in front of the above address and as he did so, may have overcorrected or due to the current road surface condition, accidently struck the tree. The front seat passenger of MV1 concurred with the operator's statement. Both parties stated they were not injured. MV1 sustained damage to its front end. As MV1 was not impeding traffic,

Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		12/14/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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Crash Diagram:	, <u> </u>			₩ Pedestr	If C on	Crash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way icate North by A	Lot
AAA contacted and towed M							
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information: Carrier Name	_		(From Veh	Carrier Iss	suing Authority Code	35	
Address			City		C+	Zip	
			•				36
US DOT #:	_ State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight	30					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 o	ligit #	_ Release code	42
CHRISTOPHER G HOWES		38804	NEWTO	N POLICE DEPARTM		12/14/20	 019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)