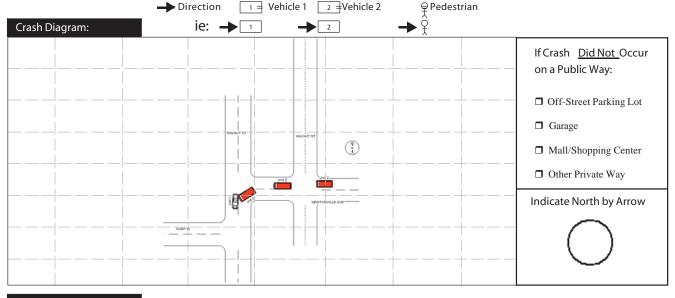
	Poli	ice Use Only		Commonwea	lth o	of Massa	achı	isett	S		RM	V Docur	nent Number	
	Date of Crash 12/23/2019	Time of Crash 08:32	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle		red La	eed Limititude _		State Police Local Police MBTA Police Other:	NA NA
		AT INTER	SECTION:		LOCA		>						CTION:	
	SOU													2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Loadway/Street		Route# Direction	on Ad	ldress #	-	N	Vame of I	Roadway	/Street	2 ¹⁰
	At AUSTIN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet NSEW of or Exit Number							Exit Number	- 🗀	
					Feet NSEW of									
2 1					Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	3 11	
	Route# Direction Name of Intersecting Roadway/Street				Landmark								_	
3	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		19	90000132	8					
	License#		St MA		Reg#	95HT15			Reg	Type_P	AN	Reg	State MA	_
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2008 Veh Make HONDA Veh Config. 1									
4 1		Operator QUERN PATRICK J				Owner (Same as operator) Last First Middle								- 1
		ALNUT ST (apt.		MA	Address								-	
	City NEWTON State MA Zip 02460M				City State Zip Vahicle Action Prior to Crash									
5	Insurance Company COMMERCE Vehicle Travel Direction: NXEW Responding to Emergency? N					Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4								~)
		ssued)		nding to Emergency?		Harmful Event	1 23				Λ	\overline{A}	10 Undercarri	iage
	,			2: ChSec		Contributing Co		1 24	24	1	9	<u> </u>	5 11 Totaled	
⁶ 1	1			: ChSec		ride/Override	25	L	ed N	8	7		0	
	Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.						13 ty 1			
	Name (Last Fir	st Middle)		Address See Above		Age/DOB		Pos. \$yster	n Status :	99 0	de Code 0	\$tatus Co 10 1	ode Medical Facili	ty 1
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	ation	16 Co	ondition	17	Hi	t/Run Mop	ed
	License#		St MA	DOB/Age	Reg # 300W				Reg Type PAN			Reg	Reg State_MA	
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				_	Veh Year 2008 Veh Make Do				_ 0 ,,			Config. 20	
⁸ 2	Operator SAMUELS MARTIN A Endorsment				Owner (Same as operator)								_	
	Address 390 N	Address 390 NEWTONVILLE AVE (apt. 1)					Last First Middle Address							
	City NEWTONVILLE State MA Zip 02460				CityStateZip								-	
	Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: NXEW Responding to Emergency?N				Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								iage
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2								6					
ı		Violation 3: ChSec Violation 4: ChSec Underride/Override Towed_N_									_			
	Pl Name (Last Fi		operator and all o	Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag m Status	29 Airbag Ej Switch C	30 31 ect Trap ode Code		33 ansp. Code Medical Facil	lity
	Operator/	Non-Motorist		See Above				1	4	99 0	0	10 1		



Crash Narrative:

Operator #1 stated he was going S/B on Walnut St and was slowing to a stop as he approached the intersection of Austin St due to traffic stopped ahead for pedestrians crossing the street.

Howeveras vehicle #1 was slowing down as he approached the stopped traffic, Vehicle #2 came out of the other side of Walnut St, N//B side and struck his vehicle on his rear drivers side as he was attempting to turn left, S/B onto Walnut St.

Operator #2 stated he came out from Newtonville Ave and was crossing the N/B side of Walnut St attempting to go S/B on Walnut St when he crashed into vehicle #1 as he was turning left(S/B) onto Walnut St.

Operator #2 further stated he never saw vehicle #1 coming prior to making his turn. However he did state he saw the two vehicles stopped further south by Austin St.

Witnesses:											
Name (Last, First, Middle)	Address				Phone #	Statement					
Property Damage:											
Owner (Last, First, Middle)	Phone # 34-Type Des			Desc	scription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code											
Address			City			St Zip					
US DOT#:S	Issuing State ICC #:				Interstate	36					
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L	ength					
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42				