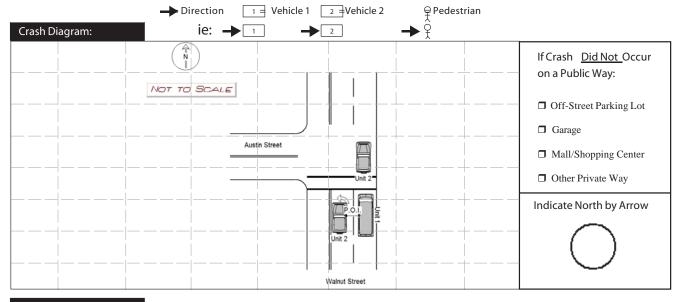
	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	setts			RMV	V Docur	ment Number	
	Date of Crash 01/10/2020	Time of Crash 18:02 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		Latin	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	XI E
			SECTION:		LOCA		>		NO				CTION:	
	EAST	Γ AUSTIN	N ST											2
¹ 3	Route# Direc			Roadway/Street		Route# Direction	on Add	lress #		Na	me of F	Roadway	/Street	
	NORTH WALNUT ST				Feet NSEW of or							2		
Route# Direction Name of Intersecting Roadway/Street				g Roadway/Street		-				Mile Marker Exit Numb				_
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street						idway/Street	_	
2 1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of							4		
3			I _		Landmark									_
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		200	00000042						_
	License#		St MA		Reg # 538TZ7 Reg Type PAN Reg State MA									_
	Sex_M_ Lic.	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2006 Veh Make HONDA Veh Config. 20								
4 1	Operator HA	MEL Last	PETER First	Endorsment BENJAMIN Middle	Owner	(Same as open	rator)		First			Middle	e	- 1
	Address 97 NI				Addre	SS								-
	City WALTH			te_MA Zip_02453										
	1	pany SAFETY IN			1									ree)
5	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22	22	22 2		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	24	24 1	←	9		10 Undercar 5 11 Totaled	mage
6	1			2: ChSec	Driver	Contributing Co	ode 1				<u> </u>		6	
⁶ 1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	d_N					
	Name (Last Fir		ator and all occup	ants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility						1			
	Operator			See Above				1	4 4	0	0	10 1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupants	Non-Motorist A Ty	rpe 1	Action 1	Locat		16 Cond	lition	17	Пні	it/Run Mo	ped
	License#		StMA		Reg # IC50GF Reg T				Reg T	Type_PAS Reg State_MA				_
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 1 CDL				Veh Year 2014 Veh Make JEEP Veh Config. 2									
⁸ 2	Operator KADIS JOSHUA Endorsment Last First Middle				Owner (Same as operator) Last First Middle								_	
	Address 21 HAZELTON RD First Middle				Last First Middle Address								_	
	City NEWTON State MA Zip 02459					City State Zip								_
	Insurance Company THE COMMERCE INSURANCE COMP.					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 1 22 22 22 22 22 Q								
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage
	Violatio	n 1: ChSe	Driver Contributing Code 3 24 24											
	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Towed			7		6	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 Safety Sos. Systen	28 2 Airbag Airl Status Sw	9 30 Eject itch Cod	31 Trap Code		33 ansp. Code Medical Fac	cility
		Non-Motorist		See Above				1	4 4	0	0	10 1		



Crash Narrative:

Operator of MV1 stated while traveling Northbound on Walnut Street MV2 was traveling close to his vehicle.

Operator of MV1 stated as he approached the crosswalk to let a pedestrian cross, MV2 was in the left turn only lane onto Austin Street. Operator of MV1 stated MV2 then passed him on the left, striking the driver side of his vehicle and continued on Walnut Street toward Washington Street. Operator of MV1 stated as MV2 passed he was able to get a License Number of that vehicle. After speaking with the Operator of MV1, I contacted the Operator of MV2. The Operator of MV2 stated while traveling Northbound on Walnut Street, MV1 was attempting to look for a parking spot by stopping at times and turning his turn signal on and off.

Operator of MV2 stated as MV1 turned his turn signal on and stopped after multiple times of breaking, he went around MV1. Operator of MV2 stated he did not know he struck the other vehicle and that is why he continued (Continued on next page)

Witnesses:									
Name (Last, First, Middle)		Address			Phone #		Statement		
	1	144 HIGH ST					3/		
GAVIN , CAITLIN,		CANTON,MA	02021				Y		
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property			
Truck and Bus Information: Registration #(From Vehicle Section) 35									
Carrier Name					Carrier Issu	ing Authority Code			
Address		(City		St	Zip			
US DOT #:			_ Issuing State	ICC #:_		_ Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Nam	ne		Material 4	digit #	Release code	42		

SEAN STAKE			NEWTON POLICE DEPARTM		01/10/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					

-	→ Direction 1	■ Vehicle 1 2	₂_ ‡ Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🛚	→ 2	2	→ ĝ		
					If Crash <u>Did Not</u> Oco on a Public Way:	cur
					Off-Street Parking Lo	ot
					☐ Garage	
					☐ Mall/Shopping Cente	er
					Other Private Way	
					Indicate North by Arro	ow
Crash Narrative:						
on Walnut Street.						
MV1 had moderate damage t	o the driver si	de of the veh	icle. MV2 h	nad moderate s	scratches to the passenger	side
of his vehicle.						
W itnesses:						
Name (Last, First, Middle)		Address			Phone # St	tatement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From \	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	
Address			City			
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:	44					42
Placard 40 Material 1 digit	# Material N	Jame		Material 4 digit	# Release code	42
CEAN CTAVE					od ko lecec	
Police Officer Name (Please Print)	Signature	<u> </u>		Department	Precinct/Barracks Date	

CDP1 11 ·24·00