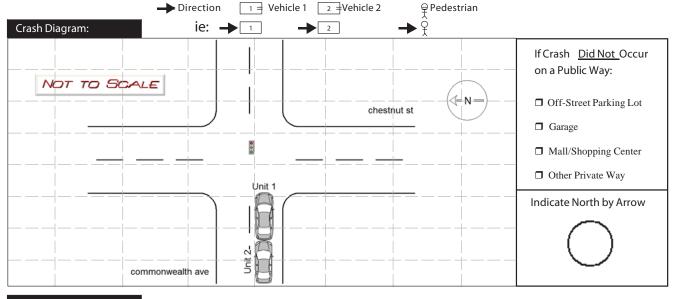
| | Poli | ice Use Only | | Commonwea | lth c | of Mass | achı | isett | S | | RM | V Docui | ment Number | |
|--------------------------------------|--|---|----------------------|------------------------|--|---|--|------------------|------------|----------|-----------|----------------------|---|--------|
| | Date of Crash 02/12/2020 | Time of Crash | City/Tov NEWTON | Motor | Veh | icle Cra | sh | Numbe Vehicle | | | eed Lim | | State Police Local Police MBTA Police | N X |
| | 02/12/2020 | 10:18 24HR | NEWTON | Pol | lice 1 | Report | | 2 | 0 | | ngitude_ | | — MBTA Police Other: | |
| | | AT INTER | RSECTION: | < I | LOCA | ΓΙΟΝ | > | | N | OT A | INT | ERSE | CTION: | 2 |
| | SOU | TH CHEST | NUT ST | | | | | | | | | | | 2 |
| $egin{bmatrix} 1 \\ 1 \end{bmatrix}$ | Route# Direc | tion | Name of | Roadway/Street | | Route# Direction | on Ad | ldress # | | N | lame of I | Roadway | //Street | |
| | At EAST COMMONWEALTH AVE | | | | Feet NSEW of or | | | | | | | | | |
| | Route# Direc | | Jame of Intersecting | | | | | | | e Marke | | | Exit Number | _ |
| | | | Also at Inters | ection with | | Feet | N S E | W of | Rou | ite# | Intersec | ting Roa | adway/Street | _ |
| 2 1 | | | | | | Feet | N S E | W of | | | | Ü | , | 2 |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | |
| 3 | XVehicle1 | #Occupants | Hit/Run | Moped Case 1 | Number | | 20 | 00000014 | 3 | | | | | |
| | License# | | St_MA | DOB/Age | Reg# | LV65983 | | | Reg | Type_L | VN | Reg | State_MA | |
| | Sex_M Lic. | Class D 18 1 | 8 Lic. Restrictions | 19 | _ | ear_2018 | Vel | n Make I | _ | | | _ | 20 | |
| 4 | Operator BEN | | NAJIB | Endorsment | | NEWTON CA | AR SER | | | | | | | _ 1 |
| 3 | | OUTH ST. (apt. | First 2) | Middle | | 101 GRANT | | | First | | | Middle | e | _ |
| | City WALTH | | | te_MA Zip_02453 | City NEWTON State MA Zip 02459 | | | | | | | | _ | |
| | ' | pany PROGRES | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | ree) | |
| 5 | Vehicle Travel | Direction: N | S X W Respo | onding to Emergency? N | Event | Sequence 1 | 22 22 | | 22 | 2 | 3 | | 4 | |
| 1 | | ssued) | | | | Harmful Event | 23 | | | | 9 | | 10 Undercar | rriage |
| | Violation | 1: ChSec | Violation | 2: ChSec | Driver | Contributing C | | 1 24 | 24 | | | | 11 Totaled | |
| ⁶ 1 | Violation | 3: ChSec | Violation | 4: ChSec | Underr | ride/Override | 25 | Tow | ed Y | 8 | 7 | | 6 | |
| | Please fill out for operator and all occupants involved | | | | 26 27 28 29 30 31 32 33 Seat Safety Airbag Sights Gode Trap Injury Transp. Aga/DOR Say Por Surge Surge Sights Gode Surge Code Surge | | | | | | | ility 1 | | |
| | Name (Last Fir | st Middle) | | Address See Above | | Age/DOB | Sex 1 | Pos. \$ystei | n Status S | witch Co | de Code | \$tatus C 10 1 | ode Medical Faci | ility |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 2 | Please Select C of the Followi | | 2 1 #Occupants | Non-Motorist A Typ | pe 1 | Action 1 | Loca | ation | 16 Co | ondition | 17 | Пн | lit/Run Mo | ped |
| | | | St MA | DOD(1 == ==== | Reg # 8051PG | | | | | - PAN | | | g. MA | - |
| | 18 18 19 | | | | - | | | | | | | Reg State MA | | - |
| Q | Sex_M Lic. Class D Lic. Restrictions 1 CDL | | | | Veh Year 1995 Veh Make VOLVO Veh Config. 1 | | | | | | | | | |
| ⁸ 2 | Operator HENDRICKSON BRIAN Last First Middle Address 91A MOUNT PLEASANT ST | | | | Owner (Same as operator) Last First Middle | | | | | | | | | - |
| | Address State MA Zip 01757 | | | | Address | | | | | | | | - | |
| | * | | | | | CityStateZip | | | | | | | | ree) |
| | Insurance Company COMMERCE Valviala Travel Directions N. S. W. Bassanding to Environment 2N | | | | | venicie Action Prior to Classi 1 | | | | | | | | |
| | Vehicle Travel Direction: NSWW Responding to Emergency? N Citation # (If Issued) | | | | | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled | | | | | | | | rriage |
| | | | | | | | | | | | | | | |
| | | Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | Driver Contributing Code 19 | | | | | | | |
| 1 | | | | | | | Underride/Override Towed Y Seat Safety Airbag Airbag Eject Frap Injury Fransp. | | | | | | 33 | |
| | Name (Last Fi | rst Middle) | - Perator and all | Address | | Age/DOB | Sex | Pos. Syste | m Status | Switch C | ode Code | Status C | Code Medical Fac | cility |
| | Operator/ | Non-Motorist | | See Above | | | | 1 | 4 | 4 0 | 0 | 10 1 | 1 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Crash Narrative:

ON 2-12-2020 AT APPROX. 1018HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMM AVE. AND CHESTNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON COMM AVE. HE WAS STOPPED AT THE RED LIGHT ON COMM AND CHESTNUT. DRIVER STATES WHILE STOPPED HE WAS HIT IN THE REAR BY VEHICLE #2. OPERATOR OF VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON COMM AVE APPROACHING CHESTNUT. DRIVER STATES HE STARTED TO SLOW FOR THE LIGHT WHEN VEHICLE #1 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD MINOR REAR SCRAPES. VEHICLE #2 HAD FRONT END GRILL DAMAGE AND A BROKEN LEFT HEADLIGHT. BOTH VEHICLES WERE STILL OPERATIONAL. BOTH PARTIES WERE TREATED BY THE MEDICS AND SIGNED PATIENT REFUSALS. BOTH PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

| Witnesses: | | | | | | | | | | | |
|---|---------------------|-----------|-----------------|------------|-----------------|----------------|-----------------|------|--|--|--|
| Name (Last, First, Middle) | Address | | | | Phone # | Statement | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Property Damage: | | | | | | | | | | | |
| Owner (Last, First, Middle) | Phone # 34-Type Des | | | | ption of Damage | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| Truck and Bus Information: Registration #(From Vehicle Section) | | | | | | | | | | | |
| Carrier Name | | | | | | Carrier Issuin | g Authority Cod | e 35 | | | |
| Address | | | City | | | St | Zip | | | | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | | Interstate | 36 | | | |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer Ler | ngth 39 | | | | | |
| Hazmat Information: | | | | | | | | | | | |
| Placard 40 Material 1 digit # | Material Nat | me | | Material 4 | digit#_ | 1 | Release code | 42 | | | |
| l | | | | | | | | | | | |

| THOMAS P WALSH | | NEWTON POLICE DEPARTM | 02/12/2020 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |