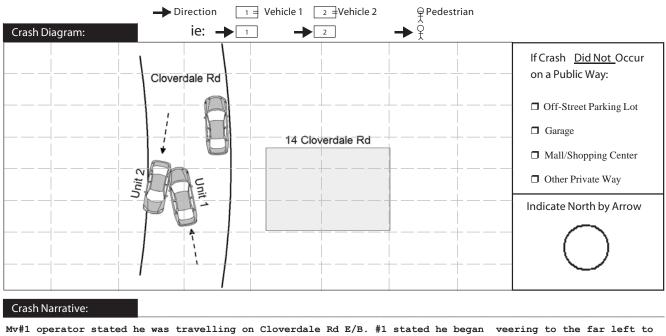
	ice Use Only				of Mass		etts				ment Number	
Date of Crash 02/14/2020	Time of Crash 14:55	City/T NEWTON	own M		ehicle Cra	ash N			Speed Lin		State Police Local Police MBTA Police	X
04142020	24HR				Report	:			Longitude		Other:	, u
	AT INTER	RSECTION:	<	LOC	CATION	>		NOT A	AT INT	ERSE	CTION:	
					EAST	14	CI	LOVERI	DALE RD			
Route# Direc	tion	Name o	f Roadway/Street		Route# Directi	on Addre	ess #		Name of	Roadway	/Street	
-			At		Feet	N S E W	of		_ •	or		
Route# Direc	etion N	Name of Intersect	ng Roadway/Street		-	.,] 01	Mile Mai	ker	or	Exit Number	_
			rsection with		Feet [N S E W	J	Route#	Interce	cting Pos	idway/Street	_
1					Feet	N S E W		Xoute#	interse	ctilig Koa	idway/Sirect	
Route# Direc	tion	Name of Inters	ecting Roadway/Stree	t			_		La	andmark		
XVehicle1	_1_#Occupants	Hit/Rur	Moped	Case Num	ber	2000	000158					
		St N	IA DODA		" ODAWA				PAS		g. MA	
License#	18 1	8	19		g # ODAWA						20	-
Sex_M_ Lic.	-	Lic. Restriction	ns GDL _ Endorsi	ment	h Year 2012						onfig. 2	
Operator BAI	Last	First	Middle		vner (Same as ope		I			Middle	8	-
	LOVERDALE A				ldress							-
City NEWTO		S	tate MA Zip 0246	1 Ci	ty						-	
Insurance Com	ipany GEICO			Ve	hicle Action Prior t		5 21		Ü	,	Circle Up to Thi	ree)
Vehicle Travel	Direction: N	S X W Res	ponding to Emergen	cy? N Ev	ent Sequence 1	22 22	22 22	2	3)	
Citation # (If I	ssued)			Me	ost Harmful Event	1 23		1	-]	<u> </u>	10 Undercar 5 11 Totaled	riage
Violation	1: ChSec	c Violatio	n 2: ChSec	Dr	iver Contributing C		24 2	24)	
			n 4: ChSec	Ur	derride/Override	25	Towed Y)	6	
Please		ator and all occ	ıpants involved	acc .	Age/DOB	Seat Pos.	5 27 2 Safety Airb System Stat	28 29 ag Airbag us Switch	30 31 Eject Trap Code Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	lity
Operator Operator	st middle,		See Abo					99	0 0	10 1		iity
							+ +			+++		\neg
Please Select (of the Followi	IX Mahicle	2 <u>1</u> #Occupa	nts Non-Motor	rist A Type	14 Action	Locatio	on 16	Condition	on 17	Ні	it/Run Mor	ped
License#		St N	IA DOB/Age DOB	Re	g # 3SWX51		R	leg Type	PAN	Reg	State_MA	\neg
	18 1		19			Veh M					20	_
	Sex_M Lic. Class D Lic. Restrictions 9 CDL Operator JOLLIFE CHRISTOPHER			ment	Owner (Same as operator)						mig.	
Address 159 T	Last	First	Middle	e	ldress	st	I	First		Middle	e	_
City E. BOST			tate_MA Zip_02128		ty				Stat		Zip	_
	npany_LIBERTY		zip <u>02120</u>				21				Circle Up to Thi	ree)
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Vehicle Travel Direction: NSEN Responding to Emergency?N Responding to Emergency?N					Event Sequence 1 10 Undercarria;							
	ssued)				ost Harmful Event	1	24	1 4	- ፫	<u> </u>	5 11 Totaled	
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			on 4: ChSec_		derride/Override		Towed N	<u>-</u>	20 21			
Name (Last Fi		operator and a	l occupants involve		Age/DOB	Sex Pos		8 29 ag Airbag itus Switch	30 31 Eject Trap Code Code	Injury Tra	ansp. Code Medical Fac	cility
Operator/	Non-Motorist		See Abo	ove			- 99 4	99	0 0	10 1	ļ.	
							$\perp \perp$	_				



Mv#1 operator stated he was travelling on Cloverdale Rd E/B. #1 stated he began veering to the far left to avoid a parked MV on the right side of the road. #1 stated he saw Mv#2 on Cloverdale Rd on the left side of the road but believed #2 was parked as well. #1 attempted to drive between the middle of those two MVs. As a result, #1 driver's side front end struck #2 driver's rear passenger side.

#2 operator stated he was not parked but also travelling on Cloverdale Rd W/B. #2 stated he saw #1 veering into his lane of travel. #2 stated he started to brake and move to his right and was forced onto the grassy birm by #1 approaching from the wrong side when #2 was struck by #1.

No injuries reported. #1 was towed by Tody's with heavy front end damage. #2 had moderate damage not including rim damage to the driver's side rear wheel which #2 was able to change the flat to a spare on scene

(Continued on	next page;							
Witnesses:								
Name (Last, First, Middle)	1	Address				Phone	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Dama	aged Property	
			1					
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				
Truck and Bus Information:						Carrier Iss	suing Authority Coo	35 de
							,	le
Carrier Name			City			St	Zip	le
Carrier NameS AddressS US DOT #:S	State Number		City			St	Zip	de
Carrier NameS AddressS US DOT #:S	State Number	38	City _ Issuing State	ICC #:_		St	Zip Interstate	de
Carrier Name	State Number	38	City _ Issuing State	ICC #:_		St	Zip Interstate	de

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		02/15/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →	1 -	2	Ô			
Crash Narrative: and able to drive the MV						Grash Did Not Con a Public Way: Goff-Street Parking Garage Mall/Shopping Ce Other Private Way dicate North by A	g Lot enter
Witnesses:		Address			Dhan		Ctatamannt
Name (Last, First, Middle)		Address			Phor	ie #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	magad Proporty	
Owner (Last, 111st, Middle)	Address		THORE #	эт-туре	Description of Dai	naged i roperty	
Truck and Bus Information:							
	_		(From Vehic	ĺ	<i>a</i> : 1		35
Carrier Name					Carrier	Issuing Authority Code	e
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
				_		39	
Trailer Reg #:	Reg Type	Reg State	Keg Year	Tra	nier Length		
Hazmat Information:	41						42
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit #	Release code	42
ADAM D GABRIEL		25117	7 NEWTO!	N POLICE DEPARTN		02/15/20)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)