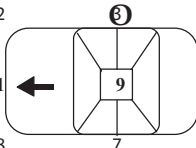
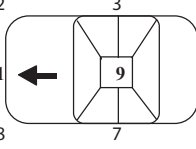


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/12/2020	Time of Crash 09:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
WEST RIVER ST Route# Direction Name of Roadway/Street At NORTH WARREN AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 200000232
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator WALDEZ EDWIN ANTONIO Address 48 BYRON AVE (apt. 2) City LAWRENCE State MA Zip 01841 Insurance Company PROGRESSIVE		Reg # S29929 Reg Type CON Reg State MA Veh Year 2018 Veh Make ISU Veh Config. 6 20 Owner A AND J TRANSPOR Address 33 LAFAYETTE AVE City LAWRENCE State MA Zip 01843 Vehicle Action Prior to Crash 2 21 Event Sequence 21 22 22 22 22 2 Most Harmful Event 21 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled	

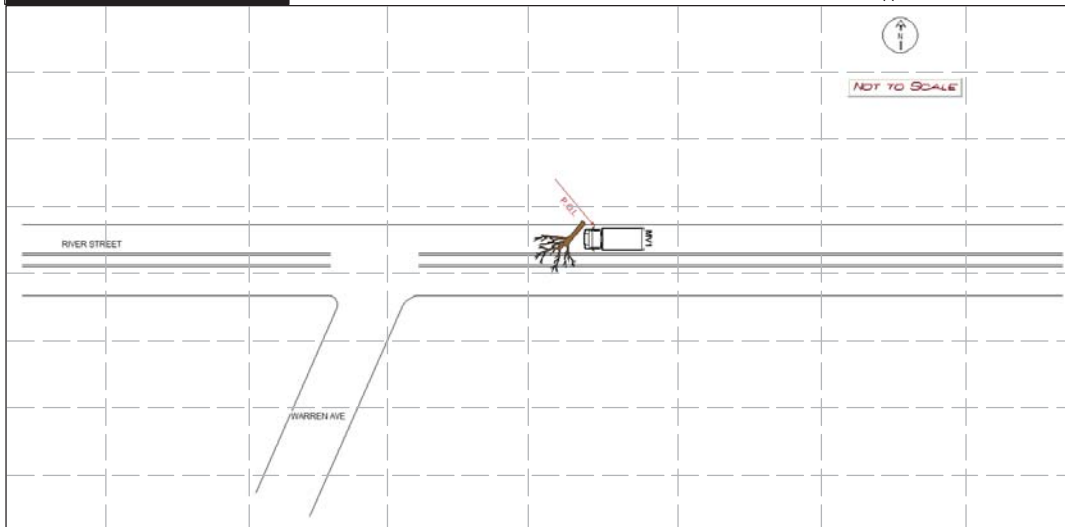
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator		See Above		-----	---	---	1	4	4	0	0	10	1	NONE

Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # --- St --- DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Operator --- Address --- City --- State --- Zip --- Insurance Company --- Vehicle Travel Direction: N S E W Responding to Emergency? --- Citation # (If Issued) --- Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec --- Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---		Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled										

Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above		-----	---	---								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Operator of MV1 (MA commercial reg. S29929) states he was driving westbound on River Street when multiple emergency vehicles approached the rear side of MV1. Operator of MV1 pulled over right away. The top of MV1 struck a city owned tree causing it to fall and lay across the road obstructing the westbound lane. It should be noted that MV1 is a box truck and visibility is obstructed.

It should also be noted i was on scene at another car accident just prior to this one. Multiple emergency vehicles were in fact dispatched and responded to the other accident which corroborates with operator MV1's story.

I have attached photos of the accident to this report

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-797-1000	3	CITY TREE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

JUAN M GARCIA

NEWTON POLICE DEPART

03/12/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date