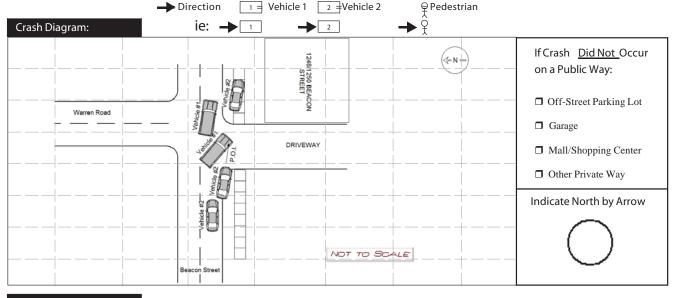
		ce Use Only			monwea				etts					ment Numbe	
	Date of Crash 03/15/2020	Time of Crash 15:58	n City/	Town			icle Cra	sh $\frac{1}{\sqrt{2}}$	Number Vehicles			ed Limi itude		State Police Local Police MBTA Poli	e D
L	03/13/2020	24HR					Report		2	1		ngitude_		Other:	ice 🔟
ļ		AT INTER	RSECTION	:	<	LOCAT	TION :	>		NO	Т АТ	INTI	ERSE	CTION:	
							EAST	1250		BEAC	ON ST				
1	Route# Direct	tion	Name	of Roadway/Str	reet	I	Route# Direction	n Addr	ess#		Na	ame of F	Roadway	/Street	
┨	At					Feet N	N S E W	of -		·	•	or			
	Route# Direct	tion 1	Name of Intersec	ting Roadway/S	Street	-				Mile	Marker			Exit Numbe	er
ľ			Also at Int	tersection with			Feet N	S E W	of	Route	#	Intersec	ting Roa	adway/Street	
1							Feet [	SEW	of				0	,	
╣.	Route# Direction Name of Intersecting Roadway/Street											La	ndmark		
	Wehicle 1	#Occupants	s Hit/Ru	ın Mo	oped Case	Number		2000	0000235						
_	License#		St <sup>I</sup>	NY DOB/As	ge	Reg#	CGL8001			Reg T	vpe PA	N	Reg	State NY	
	Sex_M Lic. C	18 1		. 19	CDI		ear_2020							2	20
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_	Address 3 HAI	Last IGHTS CROSS	First First		Middle					First			Middle	ė	
- 1				State NY Zi	ip 10514	Address State Zip									
	City CHAPPAQUA State NY Zip 10514 Insurance Company CHUBB NATIONAL					-	e Action Prior to			_				Circle Up to T	
┪	Vehicle Travel	Direction: N	S X W R	esponding to E	mergency? N	Event :	Sequence 1 2	22 22	22	22 €	)	<b>6</b>		4	
		ssued)	11-7	1 0	0 7		Harmful Event	23			_		<u> </u>	10 Underc	_
			ec Violati	on 2: Ch	_Sec		Contributing Co		24	24	<b>—</b>	9		5 11 Totaled	d
	Violation 3: Ch Sec Violation 4: Ch Sec						ride/Override	25	Towe	8 d <b>N</b>		7		6	
	Please fill out for operator and all occupants involved						T	2 Sea		28 Airbag Air Status Sw	29 3 bag Ejec	0 31 et Trap le Code	32 Injury Tr	33 cansp.	
F	Name (Last Firs Operator	t Middle)		S	Address See Above		Age/DOB	Sex Pos		Status Sw 4 4	tch Cod	e Code	\$tatus C	ode Medical Fa	
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	Please Select O of the Followin	IX Mahicle	le2 <u>1</u> #Occupa	ants Non-	n-Motorist A Ty	ype 1	4 Action 1	5 Location	on	Con-	dition	17	Пн	it/Run	loped
	License # St MA DOB/Age				Reg#_	Reg # 1FLY68 Reg Type PAN Reg State MA						State_MA			
-	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2003 Veh Make BMW Veh Config. 1								U		
1	Operator FINCH CALVIN Endorsment  Last First Middle				Owner (Same as operator)  Last First Middle										
┨	Address 21 PARKER ST (apt. 24)				Address										
	City NEWTON State MA Zip 02459				City State Zip										
	Insurance Company GEICO					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								Three)	
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 1 22 22 22 22 22 3 4										
-	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								_		
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 9 24 24										
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- 1	Ple		r operator and a	all occupants i			A/DOD	Sea Po	6 27 t Safety	28 Airbag Air	29 30 bag Ejec	0 31 Trap		33 ransp.	Engil!4
ļ	Man of the				Address		Age/DOB	Sex Po	s. System	Status Sv	ritch Co	de Code	Status C	Code   Medical F	racility
L	Name (Last Fir Operator/I	Non-Motorist		S	See Above				- 1	4 4	0	0	8 2	NEWTON-WEI	LLESLEY
				S	See Above				- 1	4 4	0	0	8 2	NEWTON-WE	ELLESLEY
				S	See Above				- 1	4 4	0	0	8 2	2 NEWTON-WE	ILLESLEY



## Crash Narrative:

Operator of Vehicle #1 stated that he was traveling east on Beacon Street. Operator stated that he was making a right turn into the driveway of his parents home (1250 Beacon) when Vehicle #2 tried to pass him on the right. This area of Beacon Street is a one lane road in each direction with an established breakdown lane. Vehicle #2 struck Vehicle #1 on the passenger side front and middle. Vehicle #1 was then pushed back into the lane of travel on Beacon street. Vehicle #2 left the roadway and came to the rest on the sidewalk. Vehicle #2 also popped the driver side front tire.

Operator of Vehicle #2 stated that he was traveling east on Beacon street behind Vehicle #1. Operator stated that Vehicle #1 had a left turn signal on and swung over the double yellow line as if he was turning left onto Warren Rd. Operator stated that he believed Vehicle #1 was making a left and therefore went around the

(Continued on next page) Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # \_\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code \_\_\_\_\_ City\_\_\_\_\_ Address\_\_ US DOT #: State Number \_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #:\_ Hazmat Information:

JAMES B SELIG			NEWTON POLICE DEPARTM		03/15/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date		

Material Name\_\_\_\_\_\_ Material 4 digit # \_\_\_\_\_\_ Release code

Placard

Material 1 digit #

	<b>→</b> Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr			
Crash Diagram:	ie: →□	1 -	2	₽Ŷ			
						f Crash <u>Did Not</u> ( on a Public Way:	Occur
		 	<u> </u>			Off-Street Parking	Lot
						<b>J</b> Garage	
						Mall/Shopping Co	enter
		_	<del> </del>			Other Private Way	
		- 	<del> </del>			dicate North by A	
		 -	 <del> </del>				
						( )	
Crash Narrative:		'		'			
vehicle.							
I again spoke with Operato	or #1 who state	ed that it wa	s not possible	for him	to be making	a left turn as	s he was
well aware where the drive	eway to his par	rents house w	as.				
Operator #2 complained of	bodily injury	and was tran	sported to New	vton-Welle	sley Hospita	al by Cataldo 1	Medics.
Vehicle #2 was towed from	the scene by T	lodys.					
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne#	Statement
Property Damage:							1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration # _		(From Ve	ehicle Section)			35
Carrier Name					Carrier	Issuing Authority Cod	е
Address			_ City		St	Zip	36
US DOT #:		38	Issuing State	ICC #:_		Interstate	30
Cargo Body Type Code Gro	oss Vehicle Weight				3	39	
T 1 D //		Reg State	Pag Vaar	Tra	niler Length		
Trailer Reg #:  Hazmat Information:	Reg Type		Reg real_				
Hazmat Information:  Placard 40 Material 1 digit	41		Keg Teal_			Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)