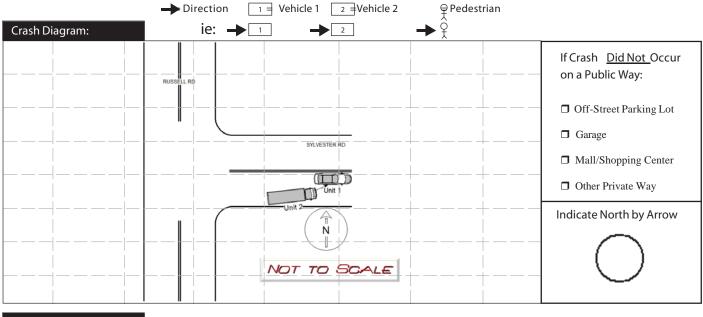
		ice Use Only			Common	wealth	of Massa	ach	use	etts			RMY	V Docum	ent Number	
	Date of Crash 03/30/2020	Time of Crash 09:03	NEWTO:	City/Tow	n Mo	otor Vel	nicle Cra	sh		mber	Numbo Injure		d Limi ude _		State Police Local Police MBTA Police	
L	03/30/2020	24HR			Police Report			2 0				Longitude		Other:		
L		AT INTER	SECTIO	ON:	<	LOCA	LOCATION > NOT AT INTERSECTION:						CTION:			
		RUSSEI	LL RD													
	Route# Direct	te# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							Street		
4		SYLVES	STER RD	A	t		Feet	N S I	E W	of -		•		or		
-	Route# Direc			ersecting	Roadway/Street						Mile l	/Iarker			Exit Number	
-	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street									
	EAST						Feet N S E W of									
	Route# Direction Name of Intersecting Roadway/Street						Landmark									
	XVehicle1	1_#Occupants	Hit	/Run	Moped	Case Numbe	r		20000	00249						
I	License#			St MA		Reg#	5518PX				_Reg T	pe_PAN	1	Reg S	State_MA	
5	Sex_M_ Lic. 0	Class D 18 18	Lic. Rest	trictions		Veh	Year_2015	V	eh Ma	ke_TC	YOTA			Veh Cor	afig. 20	
\neg	Operator WR	IGHT Last	JAMES		J Endorsmo	ent Owne	NAI ENTERF	RISE	S, I		First			Middle		
	Address 3 FOI		Fir	rst	Middle		ess 216 WORCES				First			Middle		
	City BURLING	GTON		State	e MA Zip 01803	City	WELLESLEY						_State	MA Z	ip <u>02481</u>	
]	Insurance Com	pany ARBELLA				Vehic	cle Action Prior to	Crasl	h	1 2]]	Damage	d Area	Code: (C	circle Up to Three	
\neg	Vehicle Travel	Direction: N	S X W	Respon	nding to Emergency	?N Even	t Sequence 1 2	22	22	22	22 2		6		4	
\dashv	Citation # (If Is	ssued)				Most	Harmful Event	1 2	23			_	9	$\langle \ \ $	10 Undercarria;	
	Violation	1: ChSec	Vio	olation 2	:: ChSec	Drive	er Contributing Co	ode	1 2	4	24		ľή	\bigcup	11 Totaled	
	Violation	3: ChSec	Vio	olation 4	: ChSec	Unde	rride/Override	2	25	Towe	8 <u>_N</u> 8		7		6	
		fill out for opera	itor and all	l occupa					26 Seat	27 Safety	28 Airbag Airl	9 30 ag Eject	31 Trap Code	Injury Trai	33 nsp.	
	Name (Last First Operator	st Middle)			Address See Abov		Age/DOB	Sex	Pos.	system 1	Status Swi		0	\$tatus Coo 10 1	de Medical Facility	
												_				
	Please Select C of the Followir		2 <u>1</u> #Oc	ecupants	Non-Motoris	t A Type	Action 1	5 Lo	cation]	Conc	ition	17	Hit	/Run Mope	
I	License#			St_RI	DOB/Age	Reg#	N56458				_Reg T	pe_COI	N	Reg S	State_MA	
	Sex_M Lic. (Class A 18 18	Lic. Rest	trictions	1 19 CDL T		Year_2009	V	eh Ma	ke_M	ACK			_ Veh Cor	nfig. 7	
	Operator PAC	CAS	SAMUI		Endorsmo	ent Owne	er WASTE MAN	IAGE	ME		First			Middle		
	Address 29 AL	LDEN STREET		rst	Middle	Addr	Address 100 HILL ST									
(City PROVID	ENCE		State	e RI Zip 02909	City	City NORTON State MA Zip 02766									
1	Insurance Com	pany ACE AME	RICAN			Vehic	cle Action Prior to	Crasl	h [6 2]]	Damage	d Area	Code: (C	circle Up to Three	
Vehicle Travel Direction: N S X W Responding to Emergency? N							22 22 23 2									
	Citation # (If Issued) <u>T2015987</u> Violation 1: Ch_A7/17 Sec Violation 2: ChSec						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled									
		n 3: ChSe		Underride/Override 25 Towed N 6												
┟	Ple	ease fill out for			occupants involved	1			26 Seat	27 Safety	28 2 Airbag Airl	9 30 ag Eject	31 Trap	Injury Trai	33 1sp.	
\vdash	Name (Last Fin	rst Middle) Non-Motorist		1	Addres See Abov		Age/DOB	Sex	Pos.	System 99	Status Sw	itch Code	e Code	Status Co	de Medical Facility	
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\vdash												-	+			



Crash Narrative:

Operator of vehicle one stated that he was driving eastbound on Sylvester Rd near Russell Rd when his vehicle was struck by vehicle two. Operator of vehicle one stated that vehicle two pulled away from the northside curb on Sylvester Rd and it's front driver side bumper struck his passenger side rear door, lower quarter panel and rear passenger side bumper. Operator of vehicle one stated that he was not injured and his vehicle did not require a tow. Operator of vehicle two stated that he did not see vehicle one before pulling away from the northside curb on Sylvester Rd. Operator of vehicle two stated that the front driver's side bumper of his vehicle made contact with vehicle one. Operator of vehicle two stated that he was not injured and his vehicle did not require a tow. Based upon statements made to me by both operators and my observations of the crash site and the involved vehicles, I issued operator of vehicle two MA Citation T2015987 and cited him for

(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: _____(From Vehicle Section) Registration # Carrier Name_ ____ Carrier Issuing Authority Code _____ City___ Address_ _____ Issuing State _____ ICC #:_____ Interstate US DOT #: ____ ___ State Number__ Cargo Body Type Code Gross Vehicle Weight Trailer Reg #:_ Reg State Reg Year Trailer Length Reg Type__

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM	03/30/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name____

_____ Material 4 digit # _____ Release code

Hazmat Information:

Material 1 digit #

Placard

	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: → 1	→	2	Ŷ			
						f Crash <u>Did Not</u> on a Public Way:	Occur
						Off-Street Parking	g Lot
						3 Garage	
						Mall/Shopping C	enter
						Other Private Way	
	j				ln	dicate North by A	rrow
				+			
				+			
Crash Narrative:							
a violation of City of Ne							
photos of both vehicles a		downloaded h	by the NPD's I	bureau.	All roadways	s in this repo	rt are
pubic ways in the City of	Newton.						
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
T 1 10 16 1							
Truck and Bus Information:			(From Veh		Comion	Issuing Authority Cod	35
Carrier Name							ie
Address							36
US DOT #:		38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code G	ross Vehicle Weight				3	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length		
Hazmat Information: Placard 40 Material 1 digi	t # 41 Material No	ame		Material A	ligit #	Release code	42
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MICHAEL A MCSWEENEY			NEWTO	ON POLICE DEPARTM		03/30/2	020

CDP1 11 ·24·00

Police Officer Name (Please Print)