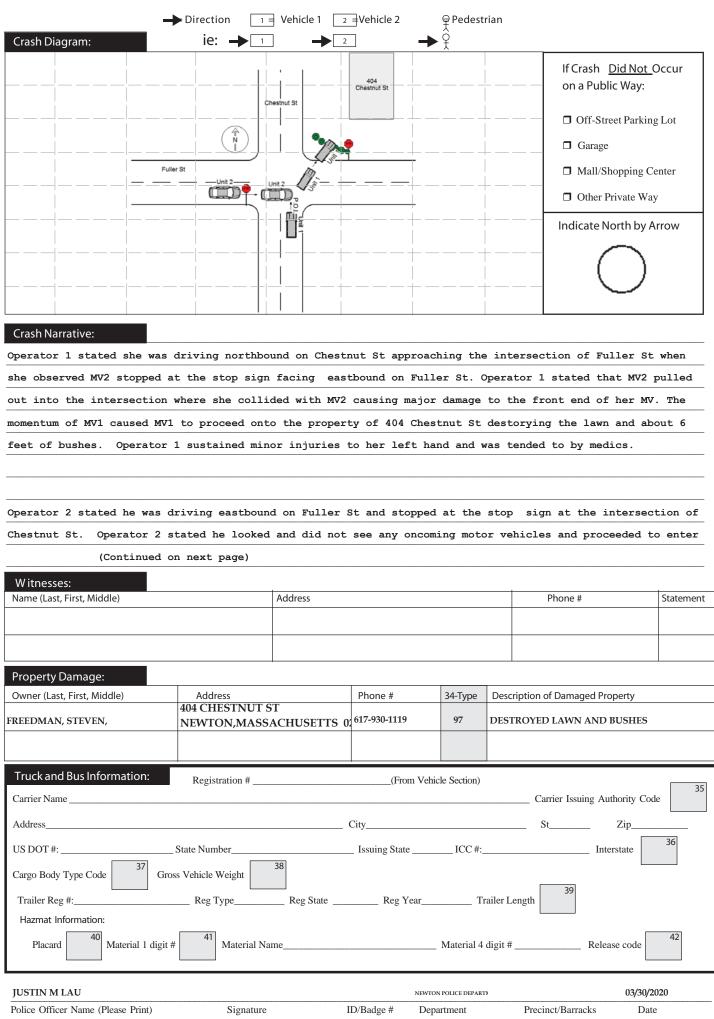
Motor Vehicle Crash Police Report Police	Date of Crash Time o	Only		11110111	eaith (of Massa	acnu	seus			KWI V I		nt Number
ATTINEERSECTION: NORTH CHISTNUTSI			•	Moto	or Veh	icle Cra	sh		1				
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EAST Name of Intersecting Roadway/Street Feet N E W of Mile Markor Feet N E W of E	Route# Direction	Na	ame of Roadway/St	reet		Route# Direction	on Add	ress #		Nan	ne of Roa	adway/Str	reet
Route® Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Peet N S E W of Peet N S E W of Route® Intersecting Roadway/Street	EAST	FILLER ST	At			Feet [NISIEIV	V of		•	or		
Alie at Intersection with			rsecting Roadway/S	Street			, SE	<u> </u>	Mile N	larker	01	I	Exit Number
Feet N E W of Landmark						Feet []	N S E V	of	D auta#		tamaaatim	a Daadyy	ov/Stwoot
Seventice 1	1					Feet []	N S E V	v of	Routen	11	itersectin	ig Koadwa	ay/Sireet
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Please fill out for operator and all occupants involved Name (Last First Middle)	Violation 3: Ch_	SecVic	olation 4: Ch	Sec		۱		Towe			7	6	
Please Select One of the Following: License # St MA DOB/Age Reg # 6TX721 Reg Type PAN Reg State MA Sex M Lic. Class D IB IB Lic. Restrictions B ODL Operator SOLOMAN PERRY Clast Address 26 HOMESTEAD ST City WABAN State MA Zip 02468 Insurance Company SAFETY INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1269530 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Prose Sould Sec To System Strong Light Imp Injury France, Address Prose System Strong Light Imp Injury France, Address Please fill out for operator and all occupants involved Name (Last First Middle) Please fill out for operator and all occupants involved Name (Last First Middle) Address Please fill out for operator and all occupants involved Name (Last First Middle) Address Please fill out for operator and all occupants involved Name (Last First Middle) Address Possible Sould Sec Pro System State Sould Sould Sec Pro System State Sould Sould Sould Sould Sould Sould Sould Sould Sec Pro System State Sould S	Please fill out f	or operator and all	occupants involv	ved			Se			9 30 Eiect	31 Trap Ini	32 33	
Please Select One of the Following: Non-Motorist A Type			9				Sex Po	s. \$ystem	Status \$wite			itus Code	Medical Facility
Condition Cond	Spermer							-	1 99	-	0 0	1	
Condition Cond													
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Of the Following: Vehicle 2													
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Veh Year 2020 Veh Make AUDI Veh Config. 1 Operator SOLOMAN PERRY Address 26 HOMESTEAD ST City WABAN State MA Zip 02468 City State Zip Insurance Company SAFETY INSURANCE Vehicle Travel Direction: N S N W Responding to Emergency? N Citation # (If Issued) T1269530 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Veh Year 2020 Veh Make AUDI Veh Year 2020 Veh Make AUDI Veh Config. 1 Owner (Same as operator) City State Zip Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2		Vehicle2 1_#Occ	cupants Non	n-Motorist A	Туре	Action 1	Locat	on	Cond	tion	17	Hit/R	un Moped
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Vehicle Travel Direction: NS W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	Insurance Company SA	FETY INSURANC	E		Vehic	le Action Prior to	Crash	1 2	1 E	amaged	Area C	ode: (Circ	cle Up to Three)
Citation # (If Issued) T1269530 Wost Harmful Event 1 23 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Driver Contributing Code 3 24 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	1			Emergency?N	Event	Sequence 1	22 22		22 0		3	Q	
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Violation 3: ChSec Violation 4: ChSec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Age		1269530			Most	Harmful Event	1				0		11 Totaled
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Address Code Medical Facility	Citation # (If Issued) T		iolation 2: Ch	Sec		l		24	24	【 │	9	5	11 Totaled
	Citation # (If Issued) T Violation 1: Ch	9/9 Sec Vi			Driver	ا Contributing Co	ode 3			•	7		11 Totaled
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	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →□	→ □	2	₽ Â			
						f Crash <u>Did Not</u> (on a Public Way:	Occur
						■ Off-Street Parking	g Lot
						☐ Garage	
						■ Mall/Shopping Co	enter
						Other Private Way	
 		 	 	+			
		į		į	l ir	ndicate North by A	irrow
Crash Narrative:							
the intersection driving	g eastbound on Fu	ller St when	MV2 collided	with the	front passen	ger side of hi	s
vehicle causing major da	mage. Operator	2 sustained	no injuries.				
I spoke with the homeowr	er of 404 Chestn	ut and notif	ied him of the	damage t	o his proper	ty.	
Witnesses:		Addross			Dha	20.4	Ctatamant
Name (Last, First, Middle)		Address			Phoi	ne #	Statement
Property Damage:		•					
Owner (Last, First, Middle)				34-Type	Description of Da	maged Property	
- I IS I C II							
Truck and Bus Information:	Registration #		(From Vel				35
Carrier Name					Carrier	Issuing Authority Cod	le
Address			City		St	Zip	26
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	39	
Hazmat Information:							
Placard 40 Material 1 di	git # 41 Material N	Name		_ Material 4 o	ligit #	Release code	42
JUSTIN M LAU			NEWI	ON POLICE DEPARTM		03/30/2	020

CDP1 11 ·24·00

Police Officer Name (Please Print)