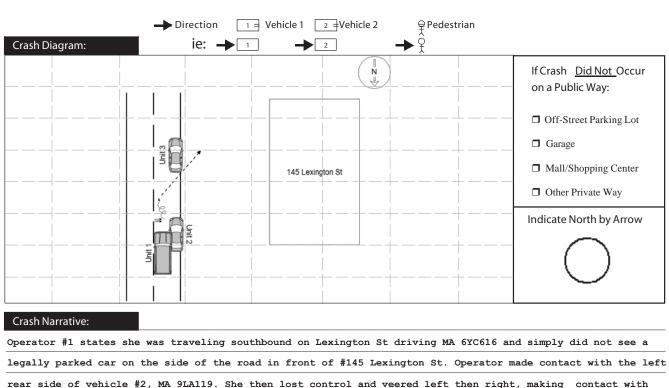
	Poli	ce Use Only		Common	wealth	of Mas	sach	use	tts		RN	IV Doc	cumen	it Number			
	Date of Crash 04/12/2020	Time of Crash	City/To NEWTON	Mo Mo	tor Ve	hicle Cr	ash	Nun			Speed Lis Latitude		SL	tate Police ocal Police IBTA Police	N X		
Į	0412/2020	24HR	NEWTON			Report		3	C		Longitud		O	ther:			
		AT INTER	LOC	LOCATION > NOT AT INTERSECTION:								_					
						SOUT	тн 1	45	LE	XINGT	ON ST				F		
1 <b>5</b>	Route# Direc	tion		Roadway/Street		Route# Direction Address # Name of Roadway/Street											
-			Feet NSEW of or														
	Route# Direc		-		<u> </u>	1	Mile Mar	ker			xit Number						
			Feet NSEW of Route# Intersecting Roadway/Street														
1			Feet N S E W of														
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99	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er		200000	0260								
	License#		St M	A DOB/Age	Reg	# 6Y6616			R	eg Type	PAN	R	eg Stat	te MA			
	Sex_F Lic. 0	Class D 18 18	8 Lic. Restriction	19		Year_2018	V	eh Mak					Config	20	_		
1	Operator MA		SHANNON	Endorsmer	nt	ner CCAP AUT	O LEAS							,-	_		
1	Address 46 PA	Last ARKER ST	First	Middle		Owner         CCAP AUTO LEASE           Last         First         Middle           Address         PO BOX 961272											
	City MAYNA		St	ate_MA Zip_01754		FORT WORT					Sta	te TX	Zin	70161	_		
	Insurance Com				Valida Astina Driva to Corola Damaged Area Code: (Circle U									ree)			
5		Direction: N	¥ E W Resi		Event Sequence $2^{22}$ $2^{22}$ $4^{0}$ $2^{22$												
	Citation # (If Is		<u> </u>	onding to Emergency?		Most Harmful Event 2 23 40 Undercarriag											
			· Violation	2: Ch Sec				97 24	99 2	4 0	<b>-</b>	9	5	11 Totaled			
1	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 97 24 99 27 8 7 6  Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y																
_		fill out for opera	Seat Safety Airbag Airbag Eject Trap Injury Transp.								$\dashv$						
	Name (Last Fire Operator	st Middle)		Address See Above	<u> </u>	Age/DOB	Sex	Pos. \$	ystem Stati	us Switch	Code Cod	e Status	Code 1	Medical Facili	ity		
	Орегию			500 7100 70					99 4	99	0 0	10	1				
<b>1</b>	Please Select C of the Followi	IX Mahida	2 <u>0</u> #Occupan	ts Non-Motorist	A Type	14 Action	15 Lo	ocation	16	Conditio	on 1'		Hit/Ru	un Mop	oed		
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	Sex Lic. Class					Veh Year 2005 Veh Make HONDA Veh Config.								_			
	Endorsment					Owner CALDERON JOSEPH											
1	Address	Last		ress 60 MARG	Last	D	F	irst		Mie	ddle						
	City		St	ateZip		City NEWTON					Sta	State MA Zip 02461					
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				occupants involved					27 2 afety Airba		30 3 Eject Trap	1 32 Injury	33 Transp.		$\dashv$		
	Name (Last Fi		- I	Address See Above		Age/DOB	Sex		System Sta	tus Switch	Code Co		Code	Medical Faci	ility		
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Poli Date of Crash	ce Use Only Time of Crash		Commony					Number		RMV D		nt Number State Police		
04/12/2020	22:02	NEWTON	1410		iicle Cra Doport	l v	ehicles	Injured	Latitue	de		State Police Local Police MBTA Police		
	24HR	RSECTION:	<	Police LOCA		>	3	0 NOT		tude NTER		Other:		
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XVehicle 3	_0_#Occupants	Hit/Run	Moped	Case Number		2000	000260							
License#		St	DOB/Age	Pag#	6LX318			Pag Tun	, PAN		Dog Sto	oto MA		
Sex Lic. 0	18 1		19 CDL	_	ear_2006							20		
			Endorsmen	t	r MELENDEZ							5.		
	Last	First	Middle	Addre	145 (apt. 23)	LEXINGTO	ON ST	First			Middle			
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Insurance Com					le Action Prior t	o Crash	11 21	Da	ımaged	Area Co	de: (Circ	cle Up to Three		
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Please f		ator and all occupar	nts involved Address		Age/DOB	Sex Pos.	5 27 Safety Ai System St	28 29 rbag Airbag tatus \$witch	30 Eject Code	31 3 Frap Inju Code \$tat	33 ry Transp us Code	Medical Facility		
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Please Select C	ne Vehicle	e# Occupants	Non-Motorist A	A Type	14 Action	15 Locatio	16	Condit	ion	17	Hit/R	un Mope		
of the Followi	ng:	roccupants	Non Motorist?	· Type	7 Retion	Locuito		Condit			THOT	шторс		
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	ssued)		nding to Emergency?		Harmful Event	23				$\prod$		10 Undercarria		
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Ple	ease fill out for	operator and all oc	cupants involved			26 Seat	Safety Ai	28 29 rbag Airbag	30 Eject	31 3 Trap Inju	ry  Fransp	0.		
Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex Pos	System S	Status Switc	h Code	Code Sta				
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						1 1								



## rear side of vehicle #2, MA 9LA119. She then lost control and veered left then right, making contact with vehicle #3 MA 6LX318 before coming to a stop on the grass of 145 Lexington St. Vehicle #3 sustained minor damage to the right rear bumper area and was also parked legally. Operator #1 signed a patient refual and vehicle #1 was towed by Tody's with significant front end damage ( inventory form filled out). The owners of vehicles #2 and #3 were on scene and were provided with this report number. 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 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: Material Name\_\_\_\_\_ Material 4 digit #\_\_\_\_\_ Release code Placard Material 1 digit #

KELEIGH N DONAHUE		NEWTON POLICE DEPARTM	04/12/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date