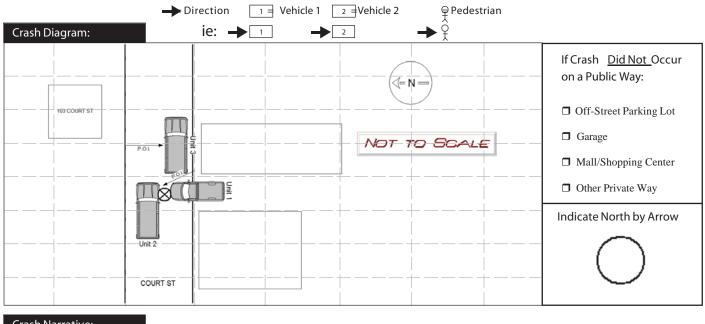
	Police Use Only				usetts				nt Number	
	Date of Crash Time of Crash 04/13/2020 11:55 NEWTO		Motor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Lim Latitude _	it <u>20</u>	State Police Local Police MBTA Police	
	24HR			Report	3	0	Longitude.		Other:	
	AT INTERSECTION	ON:	< LOCA	ATION >		NOT	AT INT	ERSECT	ΓΙΟN:	
				EAST	103	COURTS	Τ			
	Route# Direction N	ame of Roadway/Street		Route# Direction	Address #		Name of I	Roadway/St	reet	
\dashv		At		Feet N S	EW of -		_ •	or		
	Route# Direction Name of Inte	ersecting Roadway/Stree	et .			Mile Ma	• rker		Exit Number	
	Also	at Intersection with		Feet N S	E W of	Route#	Intersec	ting Roadw	vav/Street	
				Feet N S	E W of	reduci	intersec	ing roudw	ay/Bacca	
ᆜ	Route# Direction Name of	Intersecting Roadway/St	ireet				La	ndmark		
	XVehicle1 1_#Occupants Hit	t/Run Mopeo	d Case Numbe	er	2000000261					
	License#	St MA DOB/Age	Reg #	# S35483		_Reg Type	CON	Reg Sta	ate_MA	
	Sex_M Lic. Class D 18 18 Lic. Res	strictions 1 19 CD	L Veh	Year_2016	Veh Make_TC	YOTA		_ Veh Confi	ig. 20	
	Operator PHIPPS JAMES	End	lorsment	er WHEELS LTD						
	Address 582 WASHINGTON ST	rst M		Address 666 GARLAND PLACE						
		State MA Zip 02		DES PLAINES			State	IL Zir	, 60016	
	Insurance Company OLD REPUBLIC INS	•		cle Action Prior to Cra	sh 6 21				cle Up to Three)	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? N Even	nt Sequence $\begin{bmatrix} 1 & 22 \\ 1 & 0 \end{bmatrix}$	_	²² O	E	4		
	Citation # (If Issued)			t Harmful Event 1	23			/	10 Undercarriage	
	Violation 1: ChSec Vi	olation 2: ChSec		er Contributing Code	19 24	24	⊢ / 9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 Totaled	
	Violation 3: ChSec Violation 4: ChSec Underride/Override									
+	Please fill out for operator and al				28 29 Airbag Airbag	30 31 Eject Trap Code Code	32 33 Injury Trans	3 p.		
	Name (Last First Middle) Operator		Above	Age/DOB Sex	Pos. \$ystem	Status Switch 4 99	Code Code 0 0	\$tatus Code 10 1	Medical Facility	
	ор ени ог				+ -	1))	0 0	10 1		
	Please Select One of the Following: Wehicle 2 1 #Oo	ecupants Non-Mo	otorist A Type	14 Action 15 I	ocation	Condition	on 17	Hit/F	Run Moped	
_			Reg # GUS-BUS Reg Type PAS Reg State NH							
		St MADOB/Age	Reg i	# GUS-BUS		_Reg Type	1710	Keg su		
	Sex_M Lic. Class D 18 18 Lic. Res	_ 19	_	# GUS-BUS Year_2016	Veh Make_JEI		1713	Reg Su _ Veh Confi	20	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN	strictions B 19 CD End	Veh Volument	Year 2016 er LONDONDERRY		EP RRY REAL		_ Veh Confi	20	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi	strictions B CD End	Veh Veh	Year_2016	VICKE	EP			20	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Fi Address 16 FERN ST	strictions B 19 CD End	DL Veh Veh Veh Owner Owner Owner Owner Addr	Year 2016 er LONDONDERRY	VICKE	EP RRY REAL	TY	_ Veh Confi	ig. 20 2	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Address Fi City WALTHAM	trictions B 19 CD End	OL Veh	Year 2016 OPEN TO SERVICE STATE OF THE SERVICE STA	VICKE	EP RRY REAL First	TY State	Veh Confi	ig. 20 2	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Fi Address 16 FERN ST	trictions B 19 CD End	Vehicles Service Servi	Year 2016 OPEN TO SERVICE STREET STR	VICKE	EP RRY REAL First	TY State	Veh Confi	20 20 2 20 2 20 2 20 2 20 2 20 2 20 2	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Address 16 FERN ST City WALTHAM Insurance Company PHOENIX INSURAN	trictions B 19 CD End End State MA Zip 02 NCE	Veh Veh Owner	Year 2016 The Londonderry Last 25 ORCHARD V. Londonderry Cle Action Prior to Crant Sequence 1 22 1	VICKEI VI	EP RRY REAL First Date	TYState maged Area	Veh Confi	p 03053 cole Up to Three)	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Address 16 FERN ST City WALTHAM Insurance Company PHOENIX INSURAN Vehicle Travel Direction: N S WW Citation # (If Issued)	strictions B 19 CD End End State MA Zip 02 NCE Responding to Emer	OL Vehicles	Year 2016 Per LONDONDERRY Last Tess 25 ORCHARD V. LONDONDERRY cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1	VICKEI IEW DR sh 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	EP RRY REAL First Date	TY State naged Area	Veh Confi	20 20 2 20 2 20 2 20 2 20 2 20 2 20 2	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Find Find Find Find Find Find Find Find	State MA Zip 02 Responding to Emer	Veh Veh Owner	ress 25 ORCHARD V LONDONDERRY LONDONDERRY LONDONDERRY cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1 er Contributing Code	VICKEI Sh 1 21 22 22 23 23	EP RRY REAL First Date 22 0	TYState maged Area	Veh Confi	20 20 2 20 2 20 2 20 20 20 20 20 20 20 2	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN Last Fi Address 16 FERN ST City WALTHAM Insurance Company PHOENIX INSURAN Vehicle Travel Direction: N S WW Citation # (If Issued)	B 19 CD	Veh	Year 2016 Per LONDONDERRY Last Tess 25 ORCHARD V. LONDONDERRY cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1	VICKEI Sh 1 21 22 22 22 23 1 24 25 Towed	PRRY REAL First Date 22 Date 24 N 8	State maged Area	Veh Confi	o 03053 cole Up to Three) 10 Undercarriage 11 Totaled	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN RYAN Fi Address 16 FERN ST Fi City WALTHAM Insurance Company PHOENIX INSURAN Vehicle Travel Direction: N S X Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator and and and all out for operator and all out for	State MA Zip 02 NCE Responding to Emer Violation 2: ChSe And all occupants invo	Veh	ress 25 ORCHARD V LONDONDERRY LONDONDERRY LONDONDERRY cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1 er Contributing Code	VICKE Sh 1 21 22 22 22 23	Part Part Part Part Part Part Part Part	State maged Area 30 31 Eject Trap Code Code	Veh Confi	20 20 2 20 2 20 2 20 2 20 20 20 20 20 20	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN RYAN Last Address 16 FERN ST City WALTHAM Insurance Company PHOENIX INSURAN Vehicle Travel Direction: N S X Citation # (If Issued) Violation 1: ChSec V Violation 3: ChSec V Please fill out for operator a	State MA Zip 02 NCE Responding to Emer Violation 2: ChSe And all occupants invo	Veh	Year 2016 Per LONDONDERRY Last Tess 25 ORCHARD V. LONDONDERRY Cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1 er Contributing Code erride/Override	VICKEI Sh 1 21 22 22 22 23	PRRY REAL First Date 22 Date 24 N 8	State maged Area	Veh Confi	20 20 2 20 2 20 2 20 2 20 20 20 20 20 20	
	Sex_M Lic. Class D 18 18 Lic. Res Operator WALAZEK RYAN RYAN Fi Address 16 FERN ST Fi City WALTHAM Insurance Company PHOENIX INSURAN Vehicle Travel Direction: N S X Citation # (If Issued) Violation 1: ChSecV Violation 3: ChSecV Please fill out for operator and and and all out for operator and all out for	State MA Zip 02 NCE Responding to Emer Violation 2: ChSe And all occupants invo	Veh	Year 2016 Per LONDONDERRY Last Tess 25 ORCHARD V. LONDONDERRY Cle Action Prior to Cra at Sequence 1 22 1 t Harmful Event 1 er Contributing Code erride/Override	VICKE Sh 1 21 22 22 22 23	Part Part Part Part Part Part Part Part	State maged Area 30 31 Eject Trap Code Code	Veh Confi	20 20 2 20 2 20 2 20 2 20 20 20 20 20 20	

Date of 04/13/2		City/Tow	m 1 / F	wealth	.:.l. C	NT1	NT1	Speed Limit	20 5	nt Number State Police
1		NEWTON			nicle Cras	Vehicle	s Injured	Latitude		Local Police 🛣 MBTA Police 🗖
	24HR	~			Report	3	0	Longitude_	(Other:
—	AT INTER	SECTION:	<	LOCA	ATION >		NOT	AT INTE	RSECT	TON:
Route#	Direction		Roadway/Street		Route# Direction	Address #		Name of Ro	adway/Str	reet
1		A	ι		Feet N	S E W of		• o	r	
Route#	# Direction Na	ame of Intersecting	Roadway/Street		F (N	C E W C	Mile Ma	nrker	I	Exit Number
		Also at Interse	ection with			S E W of	Route#	Intersecti	ng Roadwa	ay/Street
D out of	# Direction	Nama of Intercept	ing Roadway/Street		Feet N	S E W of				
Koute#	Direction	Name of intersect	ing Koadway/Street					Land	lmark	
X Ve	ehicle 3 0 #Occupants	Hit/Run	Moped	Case Number	r	200000026	1			
License	e#	St	_ DOB/Age	Reg#	1AMC30		Reg Typ	e PAN	Reg Sta	ate MA
Sex	e#	Lic. Restrictions	19	_	Year 2004				_	20
		_	Endorsme	nt	witty	SEAN		М	, on comi	ь
	Last		Middle		ess 7 HAY RD		First		Middle	
					NEWTON			State_1	MA Zin	02459
	nce Company GEICO		Z.ip		cle Action Prior to	Crash 44	_		-	cle Up to Three)
┪	e Travel Direction: N		nding to Emergency		t Sequence 1 22	11	22 2	3	4	-
	n # (If Issued)		name to Emergency			23				10 Undercarriage
	Tiolation 1: Ch Sec)· Ch Sec		er Contributing Cod	24	24 0	← ∫ 9	5	11 Totaled
1	Tiolation 3: Ch Sec				rride/Override	25	ed N	O	6	
Please fill out for operator and all occupants involved				Olide	inde/Override		28 29 Airbag Airbag	30 31	.32 33	3
Name ((Last First Middle)		Address See Above		Age/DOB	Sex Pos. System	n Status Switch	30 31 Eject Trap Ir Code Code \$	njury Transp tatus Code	
Ор	perator		See Above							
1										
	Select One Vehicle	#Occupants	Non-Motorist	A Type	14 Action 15	Location	16 Condit	ion 17	Hit/R	dun Moned
	Select One Following: Vehicle	# Occupants	Non-Motorist	A Type	14 Action 15	Location	16 Condit	ion 17	Hit/R	dun Moped
of the I	I Vahicla	St	<u> </u>	A Type	14 Action 15	Location	Condit	ion		
License Sex	Following: Vehicle e# Lic. Class	St		A Type Reg#	Action 4	Location Veh Make_	Condit	e	Reg Sta	ate
License Sex	Following: Vehicle e#18 18	St		A Type Reg#	Action	Location Veh Make_	Condit	e	Reg Sta	ate
of the I	Following: Vehicle e# Lic. Class	StSt	DOB/Age 19 CDL Endorsme	A Type Reg # Veh Y Owne	Action 4	Location Veh Make_	Condit	e	Reg Sta	ate
of the f License Sex Operato Address	Following: Vehicle e # Lic. Class 18 18 or Last	StStS Lic. Restrictions	DOB/Age 19 CDL Endorsme	A Type Reg # Veh Y Owne Addre	Action Year Last	Veh Make	Reg Typ	eState_	Reg Sta Veh Config Middle Zip	g. 20
of the f License Sex Operato Address City	Following: Vehicle e # Lic. Class The state of the sta	StStState	DOB/Age 19 CDL Endorsme Middle	A Type Reg # Veh Y Owne Addre	Action F Year Last	Veh Make	Condit Reg Typ First Da	eState_	Reg Sta	g. 20 cle Up to Three)
of the later of th	Following: Vehicle e # Lic. Class or Last	StStState	DOB/Age 19 CDL Endorsme Middle	A Type Reg # Veh Y Owne Addre City _ Vehic	Action Year Last	Veh Make	Reg Typ	eState_	Reg Sta Veh Config Middle Zip	g. 20 g. Cle Up to Three)
of the f License Sex Operate Address City Insurant Vehicle	Following: Vehicle e # Lic. Class 18 18 or	StStState	DOB/Age 19 CDL Endorsme Middle	Reg # Veh Y	Action Year Last ess Cle Action Prior to	Veh Make	Reg Typ First Da 21 Da 22 1	eState_	Reg Sta	g. 20 cle Up to Three)
of the f License Sex Operate Address City Insuran Vehicle Citation	Following: Vehicle e # Lic. Class or Last ace Company e Travel Direction: N !	StStState	DOB/Age 19 CDL Endorsme Middle eZip conding to Emergency	A Type Reg # Veh Y Owne Addre City _ Vehic Event Most	Action Year Last ess cle Action Prior to to the Sequence 22	Veh Make	Condit	State_maged Area C	Reg Sta	g. 20 g. Undercarriage 11 Totaled
of the f License Sex Operate Address City Insuran Vehicle Citation	Following: Vehicle e # Lic. Class Tor Last ace Company e Travel Direction: N ! n # (If Issued)	StStStState S E W Resp	DOB/Age 19 CDL Endorsme Middle e Zip conding to Emergency 2: Ch Sec	A Type Reg # Veh Y Addre City _ Vehic Event Most Drive	Action Year	Veh MakeCrash	Condit	State_maged Area (Reg Sta	g. 20 g. Undercarriage 11 Totaled
of the f License Sex Operate Address City Insuran Vehicle Citation	Following: e # Lic. Class or Last is ace Company e Travel Direction: n # (If Issued) Violation 1: Ch Sec Please fill out for or	St St St State S E W Resp C Violation C	DOB/Age 19 CDL Endorsme Middle e Zip conding to Emergency 2: Ch Sec 4: Ch Sec ccupants involved	A Type Reg # Not Yehic Yehic Event Most Unde	Action Year	Veh Make	Condit	State_maged Area C	Reg Sta Weh Config Middle Zip Code: (Circ 4 5 6 32 33 juny Fransp	g. 20 g. 10 Undercarriage 11 Totaled
of the f License Sex Operator Address City Insuran Vehicle Citation V	Following: Vehicle e # Lic. Class or Last is ace Company e Travel Direction: N ! n # (If Issued) Violation 1: Ch Sec Sec Violation 3: Ch Sec	St St St State S E W Resp C Violation C	DOB/Age 19 CDL _ Endorsme Middle e _ Zip _ conding to Emergency 2: Ch _ Sec _ 4: Ch _ Sec _	Reg # Not Vehic Post Vehic Event Most Unde	Action Year Last ess Cle Action Prior to to the Sequence 22 Harmful Event cr Contributing Cool	Veh MakeCrash	Reg Typ First 21 22 24 d 28 28 29 Airbag Airbag Airbag Airbag	State_maged Area C	Reg Star Weh Config Middle Zip Code: (Circ 4 5	g. 20 g. 10 Undercarriage 11 Totaled
of the f License Sex Operator Address City Insuran Vehicle Citation V	Following: e # Lic. Class or Last is ace Company e Travel Direction: n # (If Issued) Violation 1: Ch Sec Please fill out for or e (Last First Middle)	St St St State S E W Resp C Violation C	DOB/Age 19 CDL Endorsme Middle e Zip conding to Emergency 2: Ch Sec 4: Ch Sec occupants involved Address	Reg # Not Vehic Post Vehic Event Most Unde	Action Year Last ess Cle Action Prior to out Sequence The Expression of the Expr	Veh Make	Condit	State_maged Area C	Reg Sta Weh Config Middle Zip Code: (Circ 4 5 6 32 33 juny Fransp	g. 20 g. 10 Undercarriage 11 Totaled



Crash Narrative:

The operator of MV1 (MA Reg: S35483) stated he was pulling out of a driveway onto Court St. MV1 stated the he did not see MV2 driving down Court St. It should be noted that Court St is a one way road.

The operator of MV2 (NH Reg: GUS-BUS) stated he was driving eastbound on Court St when MV1 pulled out of a driveway in front of him. MV2 stated that MV1 did not stop to make sure the road was clea. MV2 stated that he tried to avoid MV1 but could not, due to him pulling out so quickly.

MV3 (MA Reg: 1AMC30) was parked legally and unoccupied during the accident. MV3 was stuck by MV1 after

the initial collision.

MV1 sustained front end and passenger side damage. MV2 sustained passenger front tire and fender damage. MV3 sustained drivers side and front end damage. All parties involved declined medical attention.

Witnesses:											
Name (Last, First, Middle)		Address			Phone #	Statement					
Property Damage:											
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			34-Type	Description of Damaged Proper	ty					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code											
Address		(City		St Zi	p					
US DOT #:			Issuing State	ICC #:	Intersta	te 36					
Cargo Body Type Code 37 Gross Vehicle Weight 38											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4 d	ligit # Release c	rode 42					

ANDREW SCOTT VELLO

Police Officer Name (Please Print)

Signature

Newton Police DEPARTM

Od4/13/2020

Police Officer Name (Please Print)

Precinct/Barracks

Date