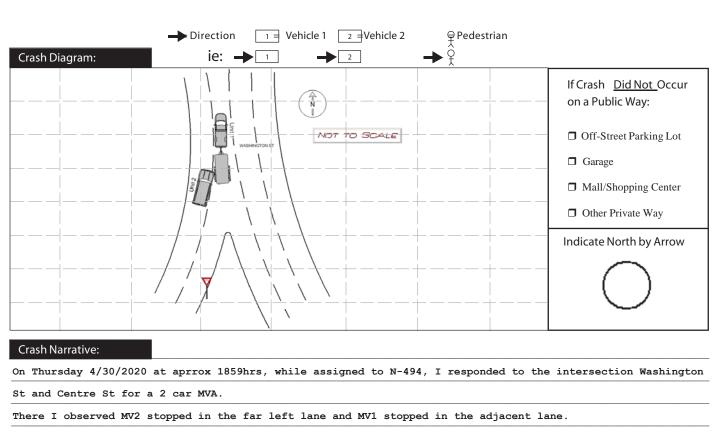
	Police Use Only	Commonwealth						ent Number
	Date of Crash Time of Crash City/ 04/30/2020 18:59 NEWTON	WIOTO!	ehicle Crash	Number Vehicles	Number Injured	Speed Limi Latitude		State Police Local Police MBTA Police
	24HR		Report	2	0	Longitude		Other:
	AT INTERSECTION	< LOC	CATION >		NOT	AT INT	ERSEC	ΓΙΟΝ:
	NORTH CENTRE AVE							
	Route# Direction Name	of Roadway/Street	Route# Direction A	ddress #		Name of I	Roadway/S	treet
	NORTH WASHINGTON ST	At	Feet N S I	W of -		• rker	or	
	Route# Direction Name of Intersec	ting Roadway/Street	- E (NGI		Mile Ma	rker		Exit Number
_	Also at Int	tersection with	Feet N S I		Route#	Intersec	ting Roadv	vay/Street
	Route# Direction Name of Inter	secting Roadway/Street	Feet N S I	W of				
4		1 1				La	ndmark	
	XVehicle 1 1 #Occupants Hit/Ru	n Moped Case Num	ber	2000000283				
	License # St 1		g#GMC62		_Reg Type	PAN	Reg St	
	Sex_M_ Lic. Class D 18 Lic. Restricti		h Year 2016 V	eh Make_FO	RD		Veh Conf	ig. 2 20
	Operator KELLER GERALD Last First	Endorsment Middle Ow	vner (Same as operator)		First		Middle	
	Address 103 PROSPECT HEIGHTS		ldress					
	City MILFORD	State_MA Zip_01757 Cit	ty			State	Zi	p
	Insurance Company COMMERCE INS	Ve	hicle Action Prior to Crash	5 21	Da:	maged Area	Code: (Ci	rcle Up to Three)
	Vehicle Travel Direction: X S E W Re	esponding to Emergency? N Ev	ent Sequence 1 22	22 22	22 2	3	4	ļ
	Citation # (If Issued)	Mo	ost Harmful Event 1	3	1 <	- \	/	10 Undercarriage 5 11 Totaled
	Violation 1: ChSec Violation	on 2: ChSec Dr	iver Contributing Code	1 24	24			
	Violation 3: ChSec Violation	Underride/Override Towed N 8 O 6						
	Please fill out for operator and all occ Name (Last First Middle)	cupants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility					
	Operator	See Above		99	4 99	0 0	10 1	N/A
\dashv	Please Select One		14 15		16	17		
,	of the Following: Vehicle 2 3 # Occupa	ants Non-Motorist A Type	Action Lo	cation	Conditi	on	Hit/l	Run Moped
4	License #St 1	MA DOB/Age Re			_Reg Type	PAN	Reg St	oto MA
			g # 1NEG98		_ Reg Type	·	Keg Si	
	Sex_M Lic. Class D 18 18 Lic. Restricti	ions 19 CDL Ve	g # <u>1NEG98</u> th Year <u>2020</u> V	eh Make_MI			Keg St	20
	18 18	ions 19 CDL Ve		eh Make_MI				20
	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Last First Address 2 ROSEWOOD LN	tions 19 CDL Ve Endorsment ABDEL AAL Middle Add Add	h Year 2020 V	eh Make <u>M</u> I	ERZ		_ Veh Conf	20
	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Last First Address 2 ROSEWOOD LN	ions 19 CDL Ve Endorsment ABDEL AAL Ow Middle Add	th Year 2020 Vener DAIMLER TRUST	eh Make_ME	ERZ		_ Veh Conf	ñg. 20 2
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	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS	19 CDL Ve Endorsment ABDEL AAL Ow Addle State MA Zip 01760 Ve Ve Ve Ve Ve Ve Ve V	th Year 2020 V The Policy of the Year 2020 V The Policy of the Year 2020 V The Policy of the Year 2020 V The Y	5 21 22 22	First	State	Veh Conf	p 76262 rcle Up to Three)
	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS	19 CDL Ve Endorsment Ow ABDEL AAL Ow Addle State MA Zip 01760 Cit Ve Responding to Emergency? N Ev	th Year 2020 V The Policy of the Year 2020 V The Policy of the Year 2020 V The Policy of the Year 2020 V The Y	5 21 22 22 33	First Da	State	Veh Conf	p 76262
	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Last First Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: X S E W F	19 CDL Ve Endorsment ABDEL AAL Ow Addle Add State MA Zip 01760 Cit Ve Responding to Emergency? Ev Mo	th Year 2020 V wher DAIMLER TRUST Last Iddress PO BOX 685 ty ROANOKE thicle Action Prior to Crast ent Sequence 1 22 2 ost Harmful Event 1 2 iver Contributing Code	$ \begin{array}{c cccc} 1 & 5 & 21 \\ \hline 22 & 22 & \\ \hline 3 & 4 & 24 & \\ \end{array} $	First Da	State	Veh Conf	p 76262 rcle Up to Three) 10 Undercarriage 5 11 Totaled
	Sex_M Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Last First Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: X S E W F Citation # (If Issued) T2015008 Violation 1: Ch 89/9 Sec Violate Violation 3: Ch Sec Violate	19 CDL	th Year 2020 V wher DAIMLER TRUST Last Iddress PO BOX 685 ty ROANOKE thicle Action Prior to Crast ent Sequence 1 22 2 ost Harmful Event 1 2 iver Contributing Code	1 5 21 22 22 33 4 24 5 Towed	First Da 22 24 Y 8	State maged Area	Veh Conf	p 76262 rcle Up to Three) 10 Undercarriage 5 11 Totaled
	Sex_M_ Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: X S E W F Citation # (If Issued) T2015008 Violation 1: Ch_89/9 Sec Violation	19 CDL	th Year 2020 V Vener DAIMLER TRUST Last PO BOX 685 Ty ROANOKE Thicle Action Prior to Crash tent Sequence 1 22 Dost Harmful Event 1 Thick Post Harmful Event 1	5 21 22 22 33 4 24 5 Towed 26 27 Scatt Safety 8	First Da 22 24 Y 28 29 Airbag Airbag Airbag	State maged Area	Veh Conf Middle TN Zi Code: (Cir 32 3. Jajury Frans	p 76262 rcle Up to Three) 10 Undercarriage 5 11 Totaled
	Sex_M_ Lic. Class D 18 18 Lic. Restriction Operator EL-HADIDY MAHMOU Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: X S E W F Citation # (If Issued) T2015008 Violation 1: Ch 89/9 Sec Violation 1: Ch Sec Violati	19 CDL	th Year 2020 V Where DAIMLER TRUST Last Last PO BOX 685 Last Last Last Last Last Last Last Las	5 21 22 22 33 4 24 5 Towed 26 Seat Pos. System	First Da 22 24 Y 28 29 Airbag Airbag Airbag	State maged Area 30 7 30 31 Eject Frap	Veh Conf Middle TN Zi Code: (Cir 32 3. Jajury Frans	p 76262 rcle Up to Three) 10 Undercarriage 5 11 Totaled
	Sex_M_ Lic. Class D 18 18 Lic. Restricti Operator EL-HADIDY MAHMOU Address 2 ROSEWOOD LN City NATICK Insurance Company AMICA MUTUAL INS Vehicle Travel Direction: X S E W F Citation # (If Issued) T2015008 Violation 1: Ch 89/9 Sec Violat Violation 3: Ch Sec Violat Please fill out for operator and a Name (Last First Middle) Operator/Non-Motorist	19 CDL	th Year 2020 V Where DAIMLER TRUST Last Last PO BOX 685 Last Last Last Last Last Last Last Las	5 21 22 22 33 4 24 5 Towed 5 Seat Pos. Pos. System 99	First Da 22 24 Y 28 29 Airbag Airbag Status Switcl	State maged Area 30 7 30 Signature 1	Veh Conf Middle TN Zi Code: (Cir 4 32 3 Injury Trans Status Cod	p 76262 rcle Up to Three) 10 Undercarriage 11 Totaled 3 ph. de Medical Facility



Operator of MV1 stated that he was crossing over the Washington St bridge and stayed in the second lane furthest from the left and was headed to the I-90 on ramp. He said that he saw MV2 in his side view mirror try to enter his lane and hit his U haul trailer.

Operator of MV2 states that he was coming from Centre St and was attempting to head WB on Washington St. It should be noted that the two left lanes are for the I-90 on ramp only and that his merging lanes had a posted yield sign. Operator of MV2 stated that MV1 was driving at a high rate of speed and that the trailer swerved

(Continued on next page)

W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
WARD, JEREMY,	101 PROSPECT HTS MILFORD,MA 01757				Y	
Property Damage:						
Owner (Last, First, Middle) Address			Phone #	34-Type	Description of Damaged Prop	erty
T 10 16 6						
Truck and Bus Information:	Registration # GN	1C62	(From Vehic	cle Section)		35
Carrier Name					Carrier Issuing Auth	
Address			City		St	Zip
US DOT #:	State Number		_ Issuing State	ICC #:	Inters	state 36
	ess Vehicle Weight	38			39	
Trailer Reg #: 7193TR	Reg Type TR	Reg State TEI	NNESS Reg Year 199	2 Tra	iler Length 97	

KEVIN DURICKAS			NEWTON POLICE DEPARTM	04/30/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material 4 digit # _____

Material Name__

Hazmat Information:

Material 1 digit #

Placard

	→ Direction	vehicle 1	2 ≢Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →	→	2	₽ Ŷ		
					If Crash <u>Did N</u> on a Public Wa	
		 			☐ Off-Street Pa	rking Lot
						IKING LOU
					Garage	
		 			☐ Mall/Shoppir	ng Center
			į		☐ Other Private	Way
		-	+ -	+	Indicate North I	oy Arrow
				+		\
)
Crash Narrative:	· · · · · · · · · · · · · · · · · · ·		,	'		
into his vehicle.						
Operator of MV2 was cit	ed on scene for f	ailing to yie	eld.			
Citation # T2015008						
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Turnels and Drie Information						
Truck and Bus Information:			(From Vel		Corrier Issuing Authority	Code 35
Carrier Name					Carrier Issuing Authority	
						36
US DOT #:		38	Issuing State	ICC #:	Interstate	50
Cargo Body Type Code	Gross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						12
Placard 40 Material 1 o	ligit # 41 Material N	Name		_ Material 4 d	ligit # Release cod	le 42
KEVIN DURICKAS			NEWT	ON POLICE DEPARTM	04.	/30/2020

CDP1 11 ·24·00

Police Officer Name (Please Print)