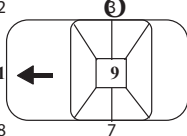
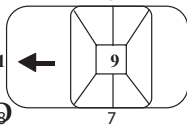


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/15/2020		Time of Crash 15:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:				9			
Route# Direction Name of Roadway/Street At				WEST 2040 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street				2				10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____				11				3			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street _____				Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000330									
License # --- St MA DOB/Age ---				Reg # 2835281 Reg Type TR Reg State IN											
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL T Endorsment				Veh Year 2020 Veh Make FRT Veh Config. 10 20											
Operator BEDARD MICHAEL Last First Middle				Owner JB HUNT TRANSPOR Last First Middle								12			
Address 18 KAREN DR				Address 9200 E 146TH STREET											
City AGAWAM State MA Zip 01001				City NOBLESVILLE State IN Zip 46060											
Insurance Company ACE AMERICAN INS				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23								10 Undercarriage 11 Totaled			
Citation # (If Issued) _____				Driver Contributing Code 18 24 24 Underride/Override 25 Towed N											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____															
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
Please fill out for operator and all occupants involved												13			
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility												1			
Operator See Above				-----											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---				Reg # 7926AB Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2013 Veh Make NISSAN Veh Config. 1 20											
Operator CURTIS ANDREW Last First Middle				Owner CURTIS CYNTHIA L Last First Middle											
Address 185 WALTHAM ST				Address 185 WALTHAM ST											
City NEWTON State MA Zip 02465				City NEWTON State MA Zip 02465											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23								10 Undercarriage 11 Totaled			
Citation # (If Issued) _____				Driver Contributing Code 5 24 24 Underride/Override 25 Towed N											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____															
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____															
Please fill out for operator and all occupants involved												13			
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility												1			
Operator/Non-Motorist See Above				-----											

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

2040 Commonwealth Ave  
Shaws Docking

Commonwealth ave

NOT TO SCALE

If Crash Did Not Occur  
on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

**Crash Narrative:**

On 6/15/2020 at approximately 1540 hours, I responded to 2040 Commonwealth ave for a report of a two car accident.

Upon arrival, I spoke with MV 1 who stated that he was reversing his tractor trailer into the shaws loading dock area when he struck MV2 with the backend of his cab. There is minimal damage and no injuries reported. I then spoke MV2 who stated that he was behind MV1 driving westbound on Commonwealth ave. He stopped to let the tractor trailer back into the loading dock. He realized he did not leave the trailer enough room to make the turn and that is when MV1 and MV2 struck. He reports no injuries and minor damage to his vehicle.

**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 # 2835281 (From Vehicle Section)

Carrier Name J B HUNT TRANSPORT INC Carrier Issuing Authority Code 35

Address 9200 E 146TH ST City NOBLESVILLE St IN Zip 46060

US DOT #: 0080806 State Number \_\_\_\_\_ Issuing State INDIAN ICC #: \_\_\_\_\_ Interstate 2 36

Cargo Body Type Code 99 37 Gross Vehicle Weight 1 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

TIFFANY L HAMANN      NEWTON POLICE DEPTA      06/15/2020

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00