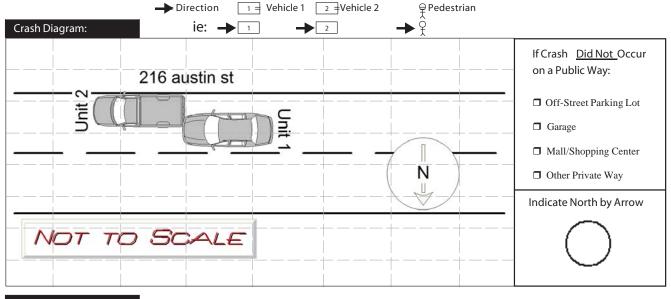
	Poli	ce Use Only		Commonwea	lth o	f Massa	ach	usett	S		RM	V Docu	ıment N	Number	
	Date of Crash 06/19/2020	Time of Crash 08:28 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicle 2	- 1	ired La	eed Lim titude _ ongitude		State Loca MB' Othe	e Police [al Police] TA Police [er:	ב
		AT INTER	RSECTION:		LOCAT		>		N	OT A	Γ INT	ERSE	CTIC	ON:	$\frac{1}{2}$
1			N. CD	1 (0)		EAST	21		AUS	STIN ST			/5.		
1	Route# Direction Name of Roadway/Street At				F									2	
	Route# Direc	tion N	Name of Intersecting	R oadway/Street		Feet N	N S E	W of	Mi	le Marke	• — r	or	Exit	Number	
	Kouten Biree	tion 1	Also at Interse			Feet	N S E	W of	Ro	ıte#	Intersec	ting Ro	adway/S	Street	L
2 1	Route# Direct		Name of Interest	ng Roadway/Street		Feet 1	N S E	W of				8			2
3			Ι_ Ι	<u> </u>	Landmark									7	
	X Vehicle 1	_1_#Occupants		Moped Case I	Number		2	00000033	38						┛
	License#	18 1	St MA		Reg # 2					Type P				MA 20	
	Sex_M Lic. 0		Lic. Restrictions	CDLEndorsment		ar 2012		h Make_	SUBAR	U 		_ Veh C	onfig.	1	
⁴ 1	Operator CHI	Last EENVIEW ST (a	KIN First apt. 002)	Middle		(Same as oper			Firs			Midd	le		3
	City FRAMIN			MA Zip 01701		s							Zin		
	,	pany COMMER				Action Prior to		1	21					Up to Three)
5		Direction: N		nding to Emergency? N	Event S	Sequence 2 2	22 2		22	O	3	<u> </u>	4		
	Citation # (If Is	ssued)			Most H	Iarmful Event	2	3		04	9			Undercarria; Totaled	ge
	Violation	1: ChSec	c Violation 2	: ChSec	Driver	Contributing Co		13 24	24			<u>\</u>		Totaled	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 6									
	Please f		ator and all occupa	nts involved Address		Age/DOB	Sex	26 2' Seat Safet Pos. \$yste	7 28 y Airbag m Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	32 Injury T Status C	ransp.	ledical Facility	2
	Operator			See Above				1	1	1 0	0	10	1		
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7 1	Please Select C of the Followin	I X Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Typ	e 14	4 Action 1	5 Loc	ation	16 C	ondition	17	ı	lit/Run	Морес	t
	License #StDOB/Age				Reg#_	g # <u>V45204</u> Reg Type <u>CON</u>					ON	N Reg State MA			
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					h Year 2003 Veh Make FORD Veh Config. 2									
8 2	Operator	Last	First	Middle		ELLITE	t		STRUC Firs			Midd	le		
	Address					Address 456 WESTFORD ST									
	City State Zip				City LOWELL State MA Zip 01851										
	Insurance Company UNITED Vahiala Traval Directions N. S. F. W. Page and in a to Emparagnet 2N					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Front Segmence 22 22 22 22 2 3 4								<u>'</u>	
	Vehicle Travel Direction: NSEW Responding to Emergency? N Citation # (If Issued)				Event Sequence 2 10 Undercarriage								ge		
	· · · · · · · · · · · · · · · · · · ·				Most Harmful Event 2 1 9 9 11 Totaled Driver Contributing Code 1 24										
	Violation 4: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y									
	Ple	ease fill out for	operator and all o	ccupants involved				26 2' Seat Safet	7 28 y Airbag	29 Airbag Eje	30 31 Trap	32 Injury T	33 ransp.		7
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syst	em Status	Switch C	ode Code	Status	Code 1	Medical Facility	3
	*												+		-
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						-							+		_



Crash Narrative:

ON 6-19-20 AT APPROX. 0828HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 216 AUSTIN ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON AUSTIN ST. WHEN HE WAS BLINDED BY THE GLARE OF THE RISING SUN. DRIVER STATES HE CRASHED INTO VEHICLE #2 WHILE BLINDED.

VEHICLE #2 WAS PARKED IN FRONT OF 216 AUSTIN ST. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE WITH AIRBAG

DEPLOYMENT AND WAS TOWED BY TODYS. VEHICLE #2 HAD LEFT REAR BUMPER DAMAGE BUT WAS STILL OPERATIONAL. DRIVER

OF VEHICLE #1 WAS EXAMINED BY MEDICS AND SIGNED A PATIENT REFUSAL. VEHICLE #2 IS OWNED BY A CONSTRUCTION

COMPANY BUT NONE OF THE WORKERS WITNESSED THE ACCIDENT. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE

COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)	Owner (Last, First, Middle) Address			Phone # 34-Type Des					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code									
Address			City			St	_ Zip		
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39			
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	me	Material 4 digit # Release code					42		

THOMAS P WALSH		NEWTON POLICE DEPARTA	06/19/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date