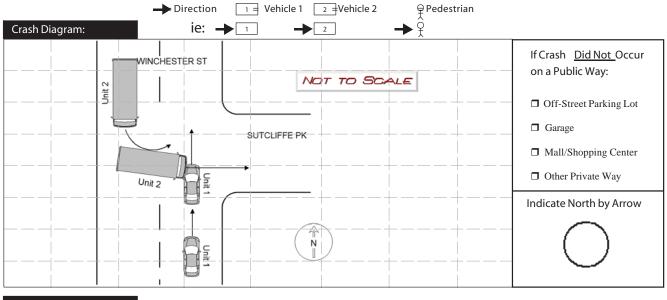
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AT INTERSECTION:    AT INTERSECTION:   Close   Condition   Conditi		l	f Crash	-	Town	M	otor	Vehi	icle (	Cras	sh			ı					S	tate Police	<u>N</u>
Route# Direction   Name of Roadway/Street   Route# Direction   Address # Name of Roadway/Street   Feet   N S E   W of   Route# Direction   Address # Name of Roadway/Street   Feet   N S E   W of   Route# Direction   Address # Name of Intersecting Roadway/Street   Feet   N S E   W of   Route# Direction   Name of Intersecting Roadway/Street   Feet   N S E   W of   Route# Direction   Name of Intersecting Roadway/Street   Feet   N S E   W of   Route# Direction   Landmark	00/20/202	06:54	24HR	NEWTON			Pol	ice I	Repor	rt									O	IBTA Police ther:	
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NORTH   WINCHESTER ST   See   NSEW of   Mile Marker   Fext Number	1 Route#	Pirection		Name				F	Route# D	irection	n A	ddres	s #			Name	e of R	oadwa	ay/Stre	eet	_
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Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Last Address 173 WOODLANE RD  Operator THOMSON JAMES Models Last Address 173 WOODLANE RD  City BROOKLINE State MA Zip 02467 City NEEDHAM State MA Zip 02467 City NEEDHAM State MA Zip 02494  Vehicle Travel Direction: X S E W Responding to Emergency? Neticle City of Three)  Citation # (If Issued) Domaged Area Code: (Circle Up to Three)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Operator and all occupants involved Operator See Above  Please fill out for operator and all occupants involved Operator See Above  Please Following: Vehicle 2 2 # Occupants Involved Operator See Above  Please Select One of the Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Following: Vehicle 2 2 # Occupants Involved Circle Williams See Above  Please Select One Operator and all occupants Involved Circle Williams See Above  Please Select One Operator and all occupants Involved Circle Williams See Above  Please Select One Operator and all occupants Involved Circle Williams See Above  Please Select One Operator Address See Violation 4: Ch Sec Violation 5: Ch Sec Violation 6: Condition Williams See Above  Please Select One Operator Area Code: Circle Up to Three)  Sec M Lic. Class D 18 M 18 Lic. Restrictions	\ \_\_Vehi	le1 <u>1</u> #Occ	cupants	Hit/Ru	ın	Moped	Case N	lumber			2	00000	00345								Щ
Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2015 Veh Make BMW Veh Config. 1 Operator THOMSON JAMES Owner FINANCIAL CORP. TELESTAR Address 173 WOODLANE RD City BROKLINE Insurance Company SAFETY INS Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle) Address  Please Fill Out for operator and all occupants involved Address  Please Fill Out for operator and all occupants involved Operator  Sce Above  Please Select One of the Followings:  Yeh Cast Survey August Survey System Natural Switch Ecole Status Sec Survey August System Natural Switch Ecole Status Sec Survey Surve	License #		10 10		MA			Reg # _1	IDNT18					_Reg	Type_	PAS		Re	eg Stat		_
Operator THORON JAMES  Operator THORON JAMES  Operator THORON Last  Notedlie  Address 150 (apt. 320) GOULD ST  City BROOKLINE  State MA Zip 02467  City BROOKLINE  State MA Zip 02467  City NEEDHAM  State MA Zip 02494  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name class First Middle)  Address  AgeDOB Sex First Seafery Airting Living Eiget Transport Trans	Sex_M_	ic. Class D	10 10		ions	1 CDL_		Veh Ye	ear_2015		Ve	h Ma	ke_BN	1W				Veh (	Config		
Address	4 Operator	THOMSON Last						Owner	FINAN	CIAL (	CORP.	T	ELEST	First				Mid	dle		-
Insurance Company SAFETY INS  Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Direct Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	Address _1	73 WOODLA	NE RD								GOUI	D ST	Г								-
Vehicle Travel Direction: X S E W Responding to Emergency? N  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Direct Contributing Code 1 24 24 24 24 24 25 11 Totaled  Driver Contributing Code 1 24 24 24 24 25 11 Totaled  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Foot Satety Arriag kingle Trap highly Transp.  Please Select One Operator See Above  Please Select One of the Following:  Operator Sex Ny Lic, Class D 18 M 18 Lic, Restrictions 1 19 CDL  Sex M Lic, Class D 18 M 18 Lic, Restrictions 1 19 CDL  Operator BOGMONOV MIKHAIL  Operator BOGMONOV MIKHAIL  Owner MOVING COMPANY OCTOPUS  Most Harmful Event 1 22 22 22 22 22 22 22 22 22 22 22 22 2	City BRC	OKLINE			State_	MA Zip 02467	7	City N	EEDHAN	1									-		-
Venicie Travel Direction: Nost Harmful Event 1 23    Violation 1: Ch		Insurance Company SAFETY INS							vehicle Action Thor to Clash												ree)
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	Vehicle T	avel Direction	n: <b>X</b> S	S E W R	espon	ding to Emergenc	y? <u>N</u>	Event S	Sequence	1 2			22	22	2		3		^4	1011 1	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1  Violation 3: ChSec Violation 4: ChSec Underride/Override 25  Towed Y	Citation #	(If Issued)						Most H	Iarmful Ev	vent	1 2.		M	24	1	-	9		5		riage
Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Vehicle 2 2 # Occupants  St. NY DOB/Age Reg # T70171  Sex M Lic. Class D 18 M 18 Lic. Restrictions  Operator BOGOMOLOV MIKHAIL  Owner MOVING COMPAN) OCTOPUS  Last First Middle  Age/DOB Sex Pos. Safety Airbag Airb		tion 1: Ch	Sec_	Violat	ion 2:	ChSec		Driver	Contributi	ng Co		1			െ		/   7		)		
Operator  See Above  Operator  Operator  Operator  Operator  See Above  Operator  Operato								Underr	ide/Overri	de				<u> </u>		20	21	22		ı	4
Please Select One of the Following:    Vehicle 2				tor and all oc	cupar		ss		Age/D	ОВ	Sex	Seat Pos.	Safety A System	28 Airbag 2 Status 3	Airbag I witch	30 Eject T Code	Frap I	njury Status	Fransp. Code	Medical Faci	lity
of the Following:    Vehicle 2	Oper	itor				See Abo	ve						1	4	99	0	0	10	1		
of the Following: X Vehicle 2 #Occupants																					
of the Following:    Vehicle 2																					
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Sex_M Lic. Class D 18 M 18 Lic. Restrictions D 19 CDL Veh Year 2004 Veh Make ISU Veh Config. 13 Veh Config. 13 Owner MOVING COMPANY OCTOPUS  1 Operator BOGOMOLOV MIKHAIL Owner MOVING COMPANY OCTOPUS  Last First Middle		I X	Vehicle2	2 <u>2</u> #Occup	ants	Non-Motori	st A Type	14			5 Loc	ation	1	16 Co	nditio	n	17		Hit/Ru	ın Mo	ped
Sex_M Lic. Class D M Lic. Restrictions 1 CDL Veh Year 2004 Veh Make ISU Veh Config. 13  Operator BOGOMOLOV MIKHAIL Operator Last First Middle  Owner MOVING COMPANY OCTOPUS  Last First Middle	License#			St	NY	DOB/Age		Reg#_	Г70171					_Reg	Type_	CON		Re	eg Stat	e_MA	
8 Operator BOGOMOLOV MIKHAIL Owner MOVING COMPAN'S OCTOPUS Last First Middle	Sex_M	ic. Class D	18 M 18		ions	1 CDL _		Veh Ye	ear_2004		Ve	h Ma	ke_ISU	U				Veh (	Config		
Address 100 WHITMAN DR Address 140B N. BEACON ST	Operator	Operator BOGOMOLOV MIKHAIL  Last First Middle						Owner MOVING COMPANY OCTOPUS  Last First Middle											_		
	Address _	00 WHITMA	N DR	First		Middle	; 	Addres	s 140B N	. BEAC	CON S	Т		First				Mid	die		_
City BROOKLYN State NY Zip 11234 City BRIGHTON State MA Zip 02135	City BRC	7						City BRIGHTON State MA Zip 02135											_		
Insurance Company PILGRIM INS  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)	Insurance	Company PIL	GRIM I	NS				Vehicle	Action P	rior to	Crash		4 21	1	Dam	aged .	Area	Code:	(Circ	le Up to Th	ree)
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 3 4	Vehicle T	avel Direction	: N	EW	Respo	nding to Emergen	cy? <u>N</u>	Event S	Sequence	1 2	2 2	2	22	22	2		3	7	4		
Citation # (If Issued) T2080844 Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled	Citation #	Citation # (If Issued) T2080844						Most Harmful Event 1 9 5 11 Totaled										riage			
Violation 1: Ch_19/75_Sec Violation 2: ChSec Driver Contributing Code 4 24 24	Vic	ation 1: Ch_1	9/75 Sec	Viola	ation 2	2: ChSec		Driver	Contributi	ng Co		4	24	24			$\perp$				
Violation 3: ChSec Violation 4: ChSec Underride/Override	Vic	ation 3: Ch_	Sec	Viola	ation 4	: ChSec		Underr	ide/Overri	ide	25	T			8		7		6		
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Age/DOB  Age/DOB  Age/DOB  Sex  Age/DOB  Sex  Age/DOB	Name (I			operator and	all oc	*			Δ αε/Γ	OOR.	Sev		27 Safety 2	28 Airbag	29 Airbag	30 Eject I		32 njury	Fransp.	Medical Fac	ility
Operator/Non-Motorist See Above									Age/L											ivicultat Fac	
CORDOVA, ARGIRO 19 MARLBORO ST CHELSEA, MA 02150 M 3 1 4 99 0 0 10 1	CORDOV	A, ARGIRO		1							М	3	1	4	99	)	0	10	1		
						, 02100															



## Crash Narrative:

The operator of veh #1 stated he was driving due North on Winchester St. when veh #2 suddenly turned in front of him. Heavy damage to veh #1 as it was towed from the scene by Tody's Towing.

The operator of veh #2 stated he was driving his work delivery truck due South on Winchester St. when he looked down the road and then down Sutcliffe Pk as he turned. The operator stated he failed to look back at Winchester St and that's when he struck veh #1. Light damage to veh #2. Operator of veh #2 cited in hand Mass# T2080844 N.C.O. Ch19/Sec75-Failure to use care in turning. No reported injuries on scene. All roads mentioned/traveled upon in this report are public ways in this city as they are serviced and maintained by the City of Newton.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #					Carrier Issui	ing Authority Cod	35 le
Address			City			St	Zip	
US DOT #:S	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	Tr	ailer Len			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#_		Release code	42

ZACHARY S RAYMOND		1	NEWTON POLICE DEPARTM	06/26/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date