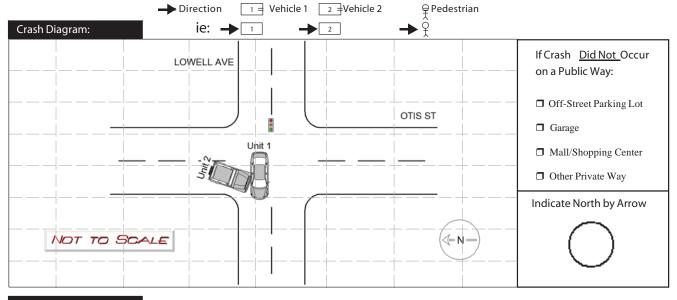
	Poli	ice Use Only		Comn	nonweal	lth o	f Massa	achu	sett	ts		R	MV Do	cumei	nt Number	
	Date of Crash 07/11/2020	Time of Crash 10:01 24HR	City/I NEWTON	own			icle Cra Report	sh	Numb Vehicl		ured]	Speed L Latitude Longitu			State Police Local Police MBTA Police Other:	XI D
		AT INTER	SECTION:			OCAT		>							TON:	\neg
	NOD															-
1 1	Route# Direc			of Roadway/Stree	t		Route# Direction	on Ado	lress #			Name	of Roady	way/Str	reet	
	WEST OTIS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Mile Marker Exit Number								-	
							Feet NSEW of									
2			Also at Int	ersection with					_	Ro	ute#	Inter	secting I	Roadwa	ay/Street	- -
1	Route# Direct	tion	Name of Inters	ecting Roadway/	Street	[-	Feet [N S E	of of							_ [3
3	Route# Direction Name of Intersecting Roadway/Street						Landmark									\neg
	XVehicle1	#Occupants	Hit/Ru	n Mope	ed Case N	Number		20	000003	74						
	License#		St_M			Reg # _1	IGE839			Re	g Type_	PAN	F	Reg Sta		_
	Sex_M Lic. 0	Class D 18 18	8 Lic. Restriction		DL	Veh Ye	ear_2013	Veh	Make_	CHEVY	′		Veh	Confi	g. 20	
4	Operator BRA	ADLEY	SCOTT		dorsment	Owner	(Same as oper	rator)		Firs						- :
3	Address 115 W	Last VITHINGTON R	First ROAD		Middle		Las:	t					M	iddle		_ -
	City NEWTO			state_MAZip_	02461								ate	Zin	1	_
		npany GENERAL		Zip_		-	Action Prior to			21				_	cle Up to Thr	
5	1	Direction: N						22 22	22	22	2		()	4	•	
1				sponding to Eme	ergency ?		Jequence 1	23					$\overline{1}$		10 Undercarr	riage
	,	ssued)					Iarmful Event	1	24	24	1	-)	9	5	11 Totaled	
⁶ 1	1	1: ChSec				Driver	Contributing Co	ode 1			8		7	\mathcal{L}_{6}		
1		3: ChSec_				Underr	ide/Override			wed Y	_		·			
	Please f	fill out for opera	ntor and all occ		d Address	Age/DOB Sex Sex							ity 1			
	Operator			See	Above				1	2	1	0 0	10	1		
									-							
7																
2	Please Select C of the Followin	IX Vehicle	2 <u>2</u> #Occupa		lotorist A Type	14	Action 1	5 Loca	tion	16	onditio	n	[7]	Hit/R	un Mop	ed
	License#		St				Reg Type PAN				Reg State MA			_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year 2019 Veh Make SUBARU Veh Config. 2											
⁸ 2	Operator LOX	XHA	NEXHMEDIN First Middle			Owner LOXHA TEUTA Last First Middle							_			
_	Address 38 W	ALKER ST	Flist		Wildle	Addres	S 38 WALKER						IVI	iddie		_
	City NEWTON State MA Zip 02460 Insurance Company STANDARD FIRE Vehicle Travel Direction: NXEW Responding to Emergency? N Citation # (If Issued)					City NEWTON State MA Zip 02460								_		
						Vehicle	Action Prior to	Crash	1	21	Dam	aged A	rea Code	e: (Circ	cle Up to Thr	ee)
								22 22	22	22	2		3	4		
						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage		
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Driver Contributing Code 19									
							Underride/Override Towed <u>Y</u>					1				
	Name (Last Fi		operator and a	ii occupants inv	Address		Age/DOB		eat Safe	ty Airbag tem Statu	29 Airbag Switch		ip Injury ode Statu	Transp).	lity
	Operator/	Non-Motorist			Above			-	1	4	4	0 0	10	1		
	LOXHA, TEUT	ГА	I	3 WALKER ST EWTON, MA 02	2460			F 3	1	4	4	0 0	10	1		
								\vdash	+	-	\vdash			+		-
	I		1				1	1 1	- 1	- 1	ı l		- 1	1	1	- 1



Crash Narrative:

ON 7-11-20 AT APPROX. 1001HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT UPON ARRIVAL T
THE INTERSECTION OF LOWELL AVE. AND OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS
TRAVELING W-BOUND ON OTIS ST. STOPPED AT A RED LIGHT WHEN THE LIGHT TURNED GREEN HE PROCEEDED AND WAS HIT IN
THE RIGHT SIDE BY VEHICLE #2. OPERATOR OF VEHICLE #2 STATES HE WAS TRAVELING S-BOUND ON LOWELL AVE. AS HE
APPROACHED THE INTERSECTION HE THOUGHT HE HAD A GREEN LIGHT AND PROCEEDED. WHEN HE SAW VEHICLE #1 IN THE
INTERSECTION HE BRAKED BUT WAS UNABLE TO AVOID HITTING HIM. VEHICLE #1 HAD RIGHT SIDE DAMAGE, BOTH SIDES
AIRBAG DEPLOYMENT AND WAS TOWED BY TODYS. VEHICLE #2 HAD FRONT LEFT QTR. PANEL DAMAGE BUT WAS STILL
OPERATIONAL. ALL THREE PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSALS. ALL PARTIES WERE ADVISED
TO CONTACT THEIR INSURANCE COMPANIES. BASED ON THE CIRCUMSTANCES OF THE ACCIDENT, THE AREAS OF DAMAGE, AND A

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property		
	+		ļ						
Truck and Bus Information:	Registration #		(From Vehic	le Section)		Carrier Issu	ing Authority Co	35 de	
Truck and Bus Information: Carrier Name Address							ing Authority Cod	de	
Carrier Name			City			St	Zip	de	
Carrier Name Address US DOT #:	State Number		City			St	Zip	de	
Carrier Name Address US DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de	
Carrier NameAddress US DOT #: Cargo Body Type Code37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de	
Carrier Name	State Numbers Vehicle WeightReg Type	38 Reg State	City Issuing State	ICC#: Tra	ailer Le	St	Zip Interstate	de	

THOMAS P WALSH			NEWTON POLICE DEPARTM		07/11/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

_	→ Direction 1	■ Vehicle 1 2	=Vehicle 2	₽ Pedestrian	l	
Crash Diagram:	ie: → 1	2		→Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	
			+			
	i i				☐ Mall/Shopping Ce	
					☐ Other Private Way	7
					Indicate North by A	rrow
Crash Narrative:						
WITNESS WHO REFUSED TO IDE	ENTIFY HERSELF S	STATING THAT	VEHICLE #1	HAD THE GREE	N LIGHT, ISSUED (CITAT:	ION #
T2080805) TO OPERATOR OF	VEHICLE #2 FOR	R (VIOLATION	89/8, FAIL	TO YIELD AT	INTERSECTION).	
CITATION WAS MAILED TO OF	PERATOR OF VEHIC	CLE #2.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	/ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	_ State Number		_ Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information: 40	41					42
Placard Material 1 digit	# Material Na	ame		Material 4 digi	t # Release code	72
THOMAS P WALSH			N	EWTON POLICE DEPARTM	07/11/20	020
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00