Date of Crash Time of Crash 16:43 NEWTON NEWTON Police Report Toleration New Police Report North 14 North North 14 North N	2
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION: NORTH 14 MAPLE AVE	
Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street At	
1 At	
Feet N S E W of or	2
Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number	r
Also at Intersection with Feet NSEW of Route# Intersecting Roadway/Street	_
Peet N S E W of Route# Direction Name of Intersecting Roadway/Street	3
Landmark	\dashv
Wehicle 1 0_#Occupants Hit/Run	
License # St DOB/Age Reg # 1BYE24 Reg Type PAN Reg State MA	<u></u>
Sex Lic. Class Lic. Restrictions CDL Veh Year 2018 Veh Make HONDA Veh Config. 1	』
4 Operator Last First Middle Address Address Address	_ 1
Address Address 218 CHORCH STREET City	_
Insurance Company THE COMMERCE INSURANCE COMPANY Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to T	Three)
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 3 4	
Citation # (If Issued) 10 Underc 5 11 Totaled	~
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24	
Violation 3: ChSec Violation 4: ChSec Underride/Override	
Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved	acility 1
Operator See Above	
Please Select One of the Following: Vehicle# Occupants	oped
License # St DOB/Age Reg # Reg Type Reg State 20]
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.	
8 Operator Operator Owner Last First Middle Last First Middle	
Address Address	-
City State Zip City State Zip State Zip Damaged Area Code: (Circle Up to T	hree)
Insurance Company venicle Action Prior to Crash	ilicc)
Veince Travel Direction. N S E W Responding to Emergency: Event Sequence 10 Underc	~
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 5 11 Totaled	1
Violation 1: ChSecViolation 2: ChSec Underride/Override	
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject [Frap Injury Fransp.]	
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical F Operator/Non-Motorist See Above	acility

→	Direction 1 :	Vehicle 1	≥ ≢Vehicle 2	₽Pedestr	rian		
Crash Diagram:	ie: → 1	→ [2	<u>2</u> →	Ŷ			
		NOT 7	O SCALE		on	Crash <u>Did Not C</u> a Public Way: Off-Street Parking	
						Garage	
<u> </u>	14 MAPLE AVE					Mall/Shopping Ce	enter
- <i> -</i> -	AVE						
						Other Private Way	
					Ind	icate North by A	rrow
		 		 		\bigcirc	
Crash Narrative:							
Uninvolved owner of MV1 st	ated his vehicl	e was struck	while parked	between	the hours of	1400-1700 hrs	s on
Thursday 07/16/2020. No in	formation could	be provided	l about MV2. MV	1 sustai	ned moderate d	lamage to the	drivers
side passenger door. No i	njuries. MV1 wa	s not towed.	Operator requ	ested an	accident repo	rt for insura	ance
purposes.							
Witnesses:					DI.	"	
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:				-			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	D :		(F. VIII	. 1 . 0			
Carrier Name	Registration #		(From Vehi	,	Carrier Iss	suing Authority Cod	35 e
			City				
			•				36
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gros	ss Vehicle Weight				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:	41						42]
Placard 40 Material 1 digit #	Material Na	nme		Material 4	digit #	_ Release code	42
JUSTIN MARCH				ON POLICE DEPART		07/17/20	
Police Officer Name (Please Print)	Signature		ID/Badge # Dep	artment	Precinct/Bar	racks Date	;

CDP1 11 ·24·00