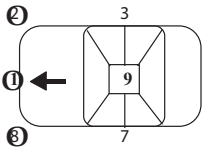
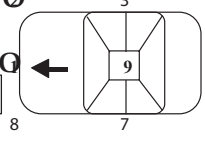


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/21/2020		Time of Crash 11:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 2		Speed Limit 20 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div>KIRKSTALL RD</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>WALNUT ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000392							
License # --- St MA DOB/Age ---				Reg # 2200RE Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009 Veh Make NISSAN Veh Config. 1 20											
Operator JUE HELEN L				Owner (Same as operator)											
Address 37 WESTCHESTER RD				Address											
City NEWTON State MA Zip 02458				City State Zip											
Insurance Company ARBELLA INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved															
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							
Operator See Above				1 3 99 0 8 2				NEWTON WELLESLEY							
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 # M20728 Reg Type CON Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2000 Veh Make CHEVORLET Veh Config. 8 20											
Operator VASQUEZ-ESQUIVE MYNOR A				Owner DELUCA LENNY											
Address 283 RIVER ST				Address 92 ALBERT RD											
City WALTHAM State MA Zip 02453				City AUBURNDALE State MA Zip											
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N											
Please fill out for operator and all occupants involved															
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							
Operator/Non-Motorist See Above				1 4 99 99 99 10 1				NONE							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

Operator Of Motor Vehicle #1 stated that she was driving Southbound on Walnut Street and Motor Vehicle #2 cut her off to take a left onto Kirkstall Road and did not have time to brake. Motor Vehicle #1 sustained major front end damage.

Operator of Motor Vehicle #2 stated that he was traveling Northbound on Walnut Street and was taking a left turn onto Kirkstall Road. Operator of Motor Vehicle #2 stated that no vehicles were in sight so he took the turn and motor Vehicle #1 struck his vehicle. Motor Vehicle #2 moderate front drivers side damage.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
PAOLA , BRUNO,	62 STUART ST WATERTOWN,MA 02472	-----	Y

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # M20728 (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: 484833 Reg Type TRN Reg State MASSAC Reg Year 1984 Trailer Length 97 39

**Hazmat Information:**

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

**ZOI H LAZARAKIS**      **NEWTON POLICE DEPART**      **07/21/2020**

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

CDP1 11 -24:00