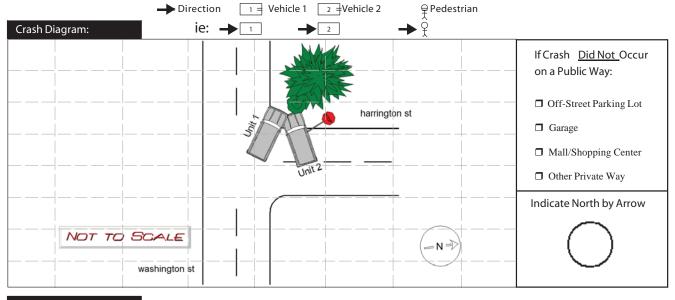
[	Poli	ce Use Only		Common	wealth	of Mass	sachu	isetts	8		RM	V Docu	ıment	Number	
	Date of Crash 08/04/2020	Time of Crash 13:07 24HR	NEWTON	own Mo		hicle Cra Report	ash	Number Vehicles		red La	eed Lim titude _ ngitude		Sta Loc ME Otl	te Police [cal Police ] BTA Police [ner:	
			RSECTION:	<		ATION	>			OT A			CTI	ON:	_ 
						SOUT	н 44		HAR	RINGT	ON ST				2
<b>1</b>	Route# Direct	tion	Name o	f Roadway/Street		Route# Direct	tion Ad	dress #		N	lame of l	Roadwa	y/Stree	t	_ 2
				At		Feet	N S E	W of		le Marke		or	Fyi	it Number	
	Route# Direct	tion N		ng Roadway/Street		Feet	N S E	W of	1411	ie iviarkei			LA	it ivumber	1
2 <b>1</b>			Table at Inc	isocutori with		Feet	N S E	W of	Rou	ite#	Interse	cting Ro	adway	/Street	3
1	Route# Direct	tion	Name of Inters	ecting Roadway/Street							La	ındmark			_
3	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case Numbe	er	20	000000424	1						1
	License#		St N	IA DOB/Age	- Reg	# 4RB479			Reg	Type_P	AN	Reg	o State	MA	
	Sex_M Lic. (	Class D 18 1		19	_	Year_2019	Vel	Make V	-					20	
4	Operator ADI		KARL	M Endorsmo	ent	er ADRIANZA			so						1
2	Address 21 FO		First	Middle	Addı	ress 113 WASH	ast INGTON	ST	First			Midd	lle		1
	City BOSTON	1	S	tate_MA_Zip_02115	City	NEWTON					State	MA	Zip 0	2458	
	Insurance Com	pany_GEICO			Vehi	cle Action Prior	to Crash	1	21	Damag	ged Area	Code:	(Circle	Up to Three	()
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency	y? <u>N</u> Even	at Sequence 1	22 22	22	22	0	3		4		
	Citation # (If Is	ssued)			Most	Harmful Event	1 23			_ (1) <b>←</b>		$\mathbf{I}$		Undercarria     Totaled	ge
-	Violation	1: ChSec	c Violatio	n 2: ChSec	Drive	er Contributing (	Code Z	20 24	24					Tomica	
<sup>6</sup> 1	Violation 3: ChSec Violation 4: ChSec					erride/Override	25	Towe	ed Y	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				S	Age/DOB	Sex I	26 27 Seat Safety Pos. Systen	28 Airbag Status	29 Airbag Eje Switch Co	30 31 ect Trap de Code	32 Injury T Status	33 ransp. Code	Medical Facility	1
	Operator			See Abov	ve .			1	4	4 0	0	10	1		
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<sup>7</sup> 3	Please Select C of the Followir		2 <u>1</u> #Occupa	nts Non-Motoris	st A Type	14 Action	15 Loca	ntion	16 Co	ondition	17	□⊦	Hit/Rur	n Mope	d
	License#		St N	H DOB/Age	- Reg	# 1921471			Reg	Type P	AN	Res	g State	NH	7
	Sex_M Lic. (	18 1		19	_	Year 2013	Vel	Make_T		71 —		Veh C		20	
8 2	Operator CON	NNELLY	ROBERT	G Endorsmo	ent	er_(Same as op	erator)								
2	Address 45 PO	Last	First	Middle		ress	ast		First			Midd	lle		
	City INTERV	ALE	S	tate_NH Zip_08945	City						State	e	_Zip		
	Insurance Com	pany GEICO			Vehi	cle Action Prior	to Crash	2	21	Damag	ged Area	Code:	(Circle	Up to Three	:)
	Vehicle Travel Direction: NXEW Responding to Emergency?N				y? <u>N</u> Even	22 22 22 3									
	Citation # (If Issued)				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							ge		
	Violation 1: ChSec Violation 2: ChSec				Drive	Driver Contributing Code 1 24 24									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y 7 6									
	Ple	ease fill out for	operator and a	l occupants involved		4 / / / / / / / / / / / / / / / / / / /		26 27 Seat Safety Pos. Syste	Airbag	29 Airbag Eje Switch C	30 31 Ect Trap ode Code	32 Injury T	ransp.		$\neg$
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	Name (Last Fin	rst Middle) Non-Motorist		Addres See Abov		Age/DOB		1	4	4 0	0		Code 1	Medical Facility	У
-								1	4	4 0				Medical Facility	y
								1	4	4 0				Medical Facilit	<u>y</u>



## Crash Narrative:

Witnesses: Name (Last, First, Middle)

ON 8-4-20 AT APPROX. 1307HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WASHINGTON ST AND HARRINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WASHINGTON ST. HE LOOKED AT HIS G.P.S. AND WHEN HE LOOKED UP HE WAS UNABLE TO AVOID HITTING VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS STOPPED AT THE STOP SIGN AT HARRINGTON AND WASHINGTON. HE STATES WHILE STOPPED HE WAS HIT IN LEFT FRONT SIDE BY VEHICLE #1. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND WAS ALSO TOWED BY TODYS. DRIVER #1 REPORTS NO INJURIES. DRIVER #2 HAD A BLOODY NOSE. BOTH PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSAL. WHILE CRASHING THE VEHICLE MOTION TOOK THEM ONTO THE SIDEWALK AT THE CORNER OF HARRINGTON AND WASHINGTON. OWNER OF 45 HARRINGTON REPORTS DAMAGE TO HIS FRONT BUSHES AND A SMALL TREE. THERE WAS A CITY

(Continued on next page)

Property Damage:	·	•				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
NGUYEN, HENRY,	45 HARRINGTON NEWTON,MASS		617-775-2053	97	FRONT BUSHES AND TREE	
CITY OF NEWTON	1000 COMMONW		617-796-1000	3	STREET SIGN	

Phone #

Statement

Address

, CITY OF NEWTON,	NEWTON, MASSACHUSETTS	0: 617-796-1000	3 STRE	EET SIGN	
Truck and Bus Information:	Registration #	(From Vehicl	le Section)		35
Carrier Name				Carrier Issuin	g Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gros	s Vehicle Weight			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer L		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #	: :	Release code 42

THOMAS P WALSH		1	NEWTON POLICE DEPARTM		08/04/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:   ie:	-	Direction 1		±Vehicle 2	Pedestri	an		
If Crash Did Mot Occur on a Public Way:	Crash Diagram:	ie: 🕕 🛚 1	<b>→</b> 2	□ →	PŶ			
Witnesses Name (Last, First, Middle)  Address  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Sating Authority Code  Address  City  State Number  Issuing State  ICC #: Interstate  Carrier Length  Address  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Length  Address  O8904/2020  THOMAS PWALSH  Notonomic Speaks  O8904/2020	Crash Diagram:	ie: → 1			^	If C on	a Public Way:  Off-Street Parking  Garage  Mall/Shopping Ce  Other Private Way	g Lot
Witnesses Name (Last, First, Middle)  Address  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Property Damage: Owner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Statement  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Sating Authority Code  Address  City  State Number  Issuing State  ICC #: Interstate  Carrier Length  Address  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Reg # Reg Type  Reg State  Reg Year  Trailer Length  Address  O8904/2020  THOMAS PWALSH  Notonomic Speaks  O8904/2020								
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Truckand Bus Information:  Carrier Name  Address  City  St  Zip  Carrier Name  Carrier Name  Address  City  St  Carrier Length  Address  Reg Year  Trailer Length  Address  Release code  Address  Release code  Address  City  Carrier Name  Address  City  Carrier Name  Address  City  St  Carrier Sassing Authority Code  Address  City  St  Carrier Length  Address  City  Carrier Leng	Clasifinaliative.							
Witnesses: Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Fruck and Bus Information:  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier Name  Carrier State Number  US DOT #: State Number  Location State Interstate 36  Carrier State Number  Location State Interstate 36  Carrier Name Carrier Issuing Authority Code 35  Address  City St Interstate 36  Carrier State Number  Location State 18  Reg Year	STREET SIGN THAT GOT BENT	DURING THE CRAS	SH. PICTURES	TAKEN BY N522	( OFF MC	SWEENEY ) AND '	FURNED OVER	FO
Name (Last, First, Middle) Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name	I.T. BUREAU. BOTH PARTIES	WERE ADVISED TO	CONTACT THE	IR INSURANCE	AGENCIES.			
Name (Last, First, Middle) Address Phone # Statement  Property Damage:  Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property  Truck and Bus Information: Carrier Name								
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Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #			Address			Phone	#	Statement
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property   Truck and Bus Information:   Registration # (From Vehicle Section)   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 #: Reg Type Reg State Reg Year Trailer Length 39   Hazmat Information:   Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42   THOMAS P WALSH NINTONICICI DIEJARIX 08/04/2020								
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Trailer Reg #: Reg Type Reg State Reg Year Trailer Length   Hazmat Information: Placard  40 Material 1 digit # 41 Material Name Material 4 digit # Release code    THOMAS P WALSH	Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length           Hazmat Information:           Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code           THOMAS P WALSH    Newton Police DEPARTA 08/04/2020						39		
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Placard Material 1 digit # Material Name Material 4 digit # Release code  THOMAS P WALSH  Newton Police departs  08/04/2020	Hazmat Information:							
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	THOMAS P WALSH			NEW	TON POLICE DEPARTA		08/04/20	020
	Police Officer Name (Please Print)	Signature	;			Precinct/Barr		

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