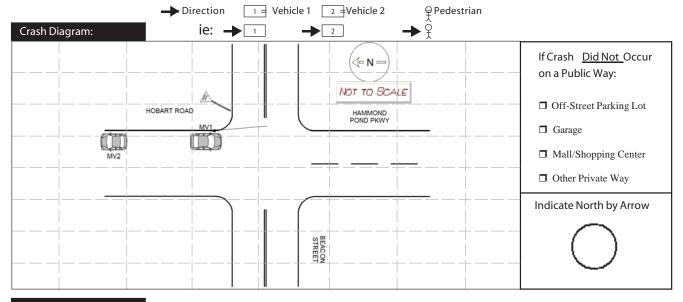
	Poli	ice Use Only		Commonwea	alth d	of Massa	achu	setts			RM	V Docui	ment Number	
	Date of Crash 08/08/2020	Time of Crash 21:31 24HR	City/To NEWTON	1/10101		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limitude _ ngitude_		State Police Local Police MBTA Police Other:	XI D
,		AT INTER	SECTION:		LOCA		>		NO	ТАТ	INT	ERSE	CTION:	
		BEACO	N ST											2
1 <b>4</b>	Route# Direc	tion		Roadway/Street		Route# Direction	on Add	lress #		Na	ame of I	Roadway	/Street	
	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of or									
						Feet NSEW of						Exit Number		
			Also at Inter	section with				_	Route	#	Intersec	ting Roa	idway/Street	-  -
2 1	Route# Direc	tion	Name of Interse	cting Roadway/Street	l	Feet	N S E V	w of			T a			3
3	Maria da la Carrio				Landmark									
	Vehicle 1	_1_#Occupants		- 1 Case	Number		200	00000435						4
	License#	18 1	St_ <u>M</u>	A DOB/Age	_								State MA 20	-
	Sex_M_ Lic.	Class	Lic. Restriction	CDL		ear_2012		Make_H	YUNDA	I		_Veh Co	onfig. 1	
<sup>4</sup> 3	ll .	Last	MOHAMMA First	Middle Middle	Owner	(Same as open	rator)		First			Middle	e	- 4
لـــــا		ΓΙS ST (apt. D41		MA		SS								-
	City CAMBR			ate_MA Zip_02141					_				Zip	_
5	1		T MUTUAL INS			e Action Prior to		2 22	21 2 22 2		ed Area 3	Code: (	Circle Up to Thr	ree)
1				oonding to Emergency? N		sequence 1	23	22			$\overline{\bigcap}$		10 Undercar	riage
	,	ssued)				Harmful Event	1	24	24	+	9		5 11 Totaled	inage
<sup>6</sup> 1	1			2: ChSec		Contributing Co	ode 1				<u> </u>	)	<i>)</i> 6	
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override  Towed Y  Towed Y  Seat Safety Airbag A								
	Name (Last Fir			Address		Age/DOB	Sex Po	os. \$ystem	Status Sw	itch Cod	t Trap e Code	Injury Tr. Status C	ode   Medical Facil	1 2
	Operator			See Above				1	4 9	9 0	0	10 1	NONE	
<sup>7</sup> <b>2</b>	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Ty	rpe 1	4 Action 1	Locat	tion	16 Con	dition	17	Пн	it/Run Mor	oed
	License#		St_M		Reg# <u>3XY529</u>				Reg Type_PANReg			Reg	State MA	_ ]
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2017 Veh Make LEXUS Veh Config. 1							onfig. 20	
8 <b>4</b>	8 Operator SULLIVAN ANDREW			Endorsment	Owner (Same as operator)  Last First Middle					e	_			
_	Address 20 WATERTOWN STREET (apt. 110)				Address								_	
	City WATERTOWN State MA Zip 02472				City State Zip								_	
	Insurance Company THE COMMERCE INS					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$				Event Sequence 20 22 28 22 1 22 22 22 3 4									
	Citation # (If Issued) <u>T2014789</u> Violation 1: Ch_90/24/J_Sec Violation 2: Ch_90/10/A_Sec					Most Harmful Event 1 23  Driver Contributing Code 19 24 14 24  Driver Contributing Code 19 24 14 24								riage
	Violatio	Underride/Override Z5 Towed Y 7 6												
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Air Status Sv	29 30 bag Ejec vitch Co	0 31 Trap de Code		ansp. Code Medical Fac	ility
		Non-Motorist		See Above				1	4 9		0	10 1		
ļ														



## Crash Narrative:

Operator of MV1 stated he was stopped in traffic facing Southbound on Hobart Rd. when MV2 came head on at him nearly colliding into his vehicle. It should be noted Operator of MV1 stated MV2 caused a minor paint scratch located on his gasoline cover once he walked around his vehicle to observe any damage. Operator of MV2 stated he was traveling Northbound on Hammond Pond Pkwy. when he fell asleep at the wheel and crashed. A (Do Not Enter Sign) was also damaged due to the accident.

After further investigation, Operator of MV2 was arrested on scene for Ch. 90 Sec. 24 (Operating under the

After further investigation, Operator of MV2 was arrested on scene for Ch. 90 Sec. 24 (Operating under the influence, liquor) along with Ch. 90. Sec. 10 (Unlicensed operation of MV). Citation #T2014789. MV1 sustained minor damage. MV2 sustained heavy front end damage and was towed by Tody's. There were no injuries due to this accident. A towed motor vehicle was filled out and placed on file.

Witnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property			
,,	,								
CITY OF NEWTON, ,	1000 COMMONW NEWTON,MASS		617-796-1000	3	DO NO ENTER TR	AFFIC SIGN			
Truck and Bus Information:  Registration #									
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	Tı	ailer Length				
Hazmat Information:						ı			
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42		

JUSTIN MARCH		NEWTON POLICE DEPARTA	08/09/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date