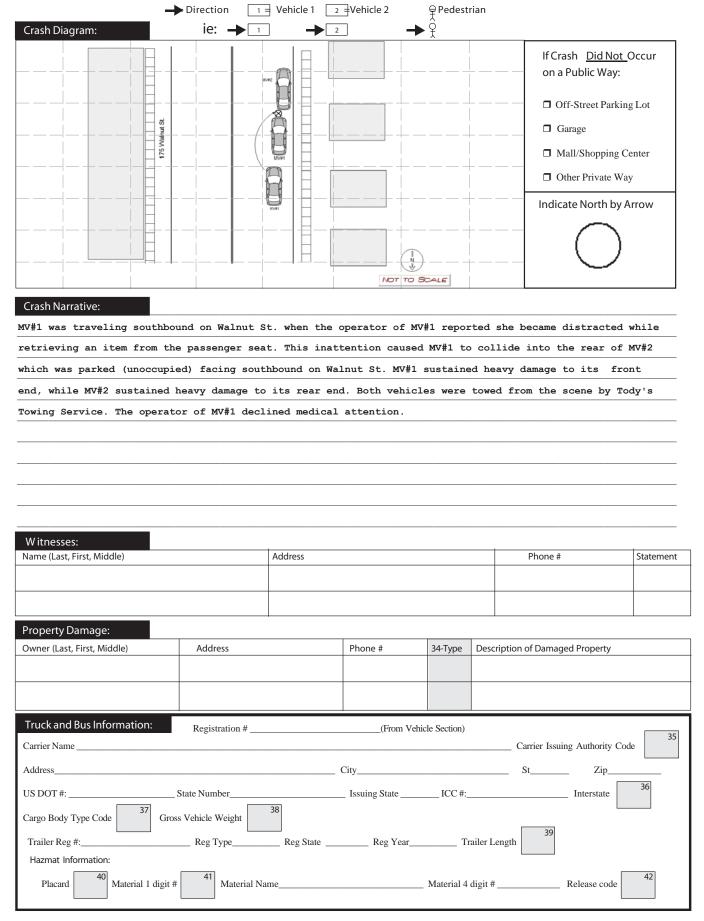
	Poli	ice Use Only		Commonwea	lth o	of Massa	achi	isetts	3		RM	V Docur	nent Number		
	Date of Crash 08/15/2020	Time of Crash	NEWTON	MIOTOI		icle Cra Renort	sh	Number Vehicles		red La	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	XI D	
							lice Report 2 0 Longitude LOCATION > NOT AT INTERSE							\dashv	
						SOUTH 175 WALNUT ST								2	
1 5	Route# Direc	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								
	At					Feet N S E W of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
	Also at Intersection with					Feet N S E W of WASHINGTON ST Route# Intersecting Roadway/Street									
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	My 111 t 1 #0 Dyym Dy 1					Landmark									
	Vehicle1	_1_#Occupants	Number	Number 2000000454											
	License # St MA DOB/Age					Reg # 8HS555 Reg Type_PAN Reg State_MA 20									
	Sex_M_ Lic.	Class D	Lic. Restriction			ear_2011						Veh Co	nfig. 1		
4 1	Operator KIN	Last	ALISON First	Middle	Owner	KINSELLA	t	BRIAN	First		J	Middle	:	- 1	
	Address 4 WINDERMERE					4 WINDERN						MA	00466	-	
	City RD State MA Zip 02466					UBURNDALE							Zip 02466	-	
5	Insurance Company AMICA MUTUAL					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) 3 4									
,		Direction: N		oonding to Emergency? N		Sequence 2	22 22 23		22		\bigcap		10 Undercarr	riage.	
		ssued)				Harmful Event	2	24	24	1	9		5 11 Totaled	luge	
1				2: ChSec		Contributing Co	ode 25	20		6	7) 6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ide/Override		Towe	ed <u>r</u>		30 31 ct Trap	32 Injury Tra	33	_	
	Name (Last Fir		lator and an occu	Address		Age/DOB	Sex 1	Pos. System	1 Status S	witch Co	de code	status CC	33 ansp. ode Medical Facili	ity 2	
	Operator			See Above				99	1	99 0	0	10 1			
												+			
1	Please Select C of the Followi	I X Vehicl	e2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	4 Action 1	Loca	ation	16 Co	ndition	17	Hi	t/Run Mop	ed	
	License # St MA DOB/Age					$\operatorname{Reg} \# \underline{\operatorname{1DWD34}} \qquad \qquad \operatorname{Reg} \operatorname{Type} \underline{\operatorname{PAN}} \qquad \operatorname{Reg} \operatorname{Sta}$						State MA	-		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2007 Veh Make HONDA Veh Config. 1									
1	Operator PARKER CAMERON Last First Middle Middle					Owner (Same as operator) Last First Middle									
	Address 197 WALNUT ST (apt. 2)				Address										
	City NEWTON State MA Zip 02460					City State Zip									
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N K E W Responding to Emergency? N					Event Sequence 22 22 22 22 2 3 10 Undercarriage									
	Citation # (If Issued)					Most Harmful Event 1 9 9 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1									
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					ride/Override		Towe	<u>Y</u>		0 31	32	33		
	Pl Name (Last Fi		r operator and all	occupants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	Airbag A m Status	29 3 Airbag Eje Switch Co	0 31 Frap ode Code		ansp. Code Medical Faci	lity	
	Operator/	Non-Motorist		See Above				99	5	99 3	99	10 1			



DANIEL SOHN

Newton Police DEPARTM

O8/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date