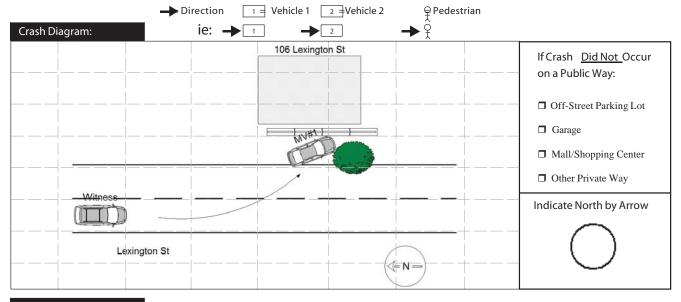
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	Date of Crash 08/26/2020	Time of Crash 14:11 24HR	NEWTON	1410101		icle Cra Report	sh	Number Vehicles		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	e 🚨
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	City NEWTO	N	State_	MA Zip 02461	City						State		Zip	_
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		ssued)		ChSec		Contributing Co	21	24	24	•	9		5 11 Totaled	
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	Please :		ator and all occupar	nts involved Address		Age/DOB	Sex I	26 27 Seat Safety Pos. \$ystem	28 Airbag Ai	29 3 rbag Ejec vitch Cod	0 31 et Trap le Code	32 Injury Tra Status Co	33 ansp. ode Medical Fac	ility
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7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action 1	Loca	ation	16 Cor	ndition	17	Ні	it/Run Mo	ped
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8 2	Operator Last First Middle Address					Owner Last First Middle								-
	City State Zip					Address								
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								nree)
	Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							rriage		
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 8 7 6								
			ec Violation 4 r operator and all oc		Underri	ue/Override		Tower	28 Airbag Ai	29 Sie	0 31 Trap	32 Injury Tra	33 ansp.	\dashv
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex	Pos. Syster	n Status S	witch Co	de Code		Code Medical Fa	cility
	1			·-										



Crash Narrative:

Witnesses:

The witness stated she was travelling southbound on Lexington St a few vehicles behind MV#1 and observed MV#1 veered towards the northbound travel lane and striking the city tree and retaining wall of 106 Lexington St.

The witness then pulled over and assisted the operator of MV#1.

The operator of MV#1 stated she was travelling southbound on Lexington St and was "multi tasking" inside her vehicle when she veered off into the northbound travel lane, jumped the curb onto the sidewalk and got wedged in between a city tree and the retaining wall of 106 Lexington St. The operator of MV#1 was not injured but could not exit her vehicle because the doors were wedged in between the tree and retaining wall.

MV#1 sustained heavy front end damages, broken front passenger window, front passenger wheel and deployed driver's side airbag. The operator of MV#1 stated she was not injured and was evaluated by Newton Paramedics

(Continued on next page)

Name (Last, First, Middle)	Address				Phone #		Statement	
ENGELAND, EMILY,	,			-			N	
Property Damage:		•						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Damag	ged Property	
NEWTON, CITY, OF	10000 COMMONV NEWTON,MASS		617 796-1000	3	CITY	ГREE		
Truck and Bus Information: Carrier Name	-		(From Vehic			Carrier Issui	ing Authority Cod	35 e
Address		(City			St	Zip	
US DOT #:		38	_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight Reg Type	Reg State	Reg Year	Tr	ailer Le	ngth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#_		Release code	42

Crash Disgrams E:	_	Direction 1	∃ Vehicle 1 2	=Vehicle 2	₹Pedestri	an		
Carash Narratives	Crash Diagram:	ie: → 1	2	_	₽ Ŷ			
Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Issuing Authority Code Address City St. Address City St. Zip US DOT #: State Number State Number Issuing State Number Issuing State Number Registration # State Number Issuing State Number	Crash Diagram:	ie: -> 1					Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot
Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Carrier Issuing Authority Code Address City St. Address City St. Zip US DOT #: State Number State Number Issuing State Number Issuing State Number Registration # State Number Issuing State Number		 					\bigcirc	
Transported the operator of MV#1 to her home and Tody's Towing took possession of her vehicle. Traffic unit 535 took photographs of the damaged city tree. Witnesses: Name (Last, First, Middle) Name (Last, Firs	Crash Narrative:							
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Carrier Name Carrier Name Carrier Same Car	and signed a patient refu	ısal. The operat	tor of MV#1 w	as coherent a	and appeare	ed to be of sou	nd mind and	health.
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Carrier Name Carrier Name Carrier Same Ca	I transported the operator	of MV#1 to her	r home and To	dy's Towing t	took posses	ssion of her ve	hicle. Traff	fic unit
Witnesses: 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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US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 88 State Reg State Reg Year Trailer Length 39 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 GITA K SETIABUDI 25111	Carrier Name					Carrier Issu	ing Authority Cod	e
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