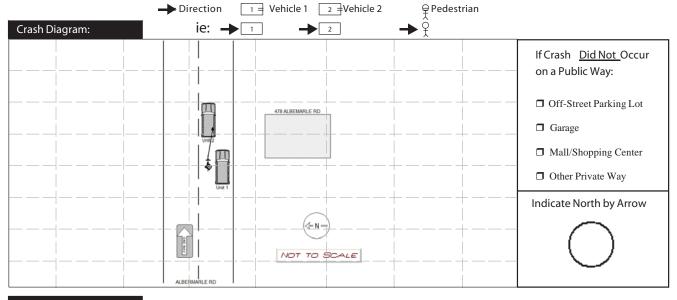
	Poli	ice Use Only		Common	wealth	of Mass	achı	isetts	5		RM	V Docu	ıment	Number	
	Date of Crash 09/14/2020	Time of Crash 08:54 24HR	NEWTON	M(		nicle Cra Report	ash	Number Vehicles		red La	peed Limatitude _		Sta Lo Ml Ot	nte Police cal Police BTA Police her:	MAI D
		AT INTER		LOCATION > NOT AT INTERSECTION:											
				EAST 478 ALBEMARLE RD									_ 2		
${f 1}^{1}$	Route# Direc	tion	Name o		Route# Direction Address # Name of Roadway/Street										
				At		Feet NSEW of or Exit Number									
	Route# Direc	etion N		ng Roadway/Street		Feet [N S E W] of									
<sup>2</sup> <b>1</b>				Feet NSEW of Route# Intersecting Roadway/Street											
	Route# Direc	tion							La	ndmark			╧		
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Number	r	20	000000517	7						ı
	License#		St_M	A DOB/Age	Reg #	32WK37			Reg	Type_P	AN	Re	g State	MA	1
	Sex_F_ Lic.	Class D 18 1	Lic. Restrictio			Year_2008	Vel	n Make_T	OYT			_ Veh C	Config.	2 20	
4 1	Operator PAZ		LARISA First	Endorsme	ent Owne	er (Same as ope	erator)		Firs	i		Midd	lle		1
	Address 478 A	LBEMARLE RE				ess									F
	City NEWTO		S	ate MA Zip 02460	City _	CityStateZip									
5	Insurance Com					Vehicle Action Prior to Crash  Three  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)									
		Direction: N ssued) T2016094		ponding to Emergency		Bequence 4	23				N	$\overline{A}$		10 Undercarria	ıge
				n 2: Ch Sec		Harmful Event		24	24	1	9		5 1	11 Totaled	
<sup>6</sup> 1	1	Violation 1: Ch_90/14/sec Violation 2: ChSec Driver Contributing Code 19 24 24 Violation 3: ChSec Underride/Override 25 Towed N_8 7 6													
		fill out for opera				26 27 Seat Safety	28 Airbag	29 Airbag Ej	30 31 ject Trap	32 Injury I	33 Transp.		4		
	Name (Last Fir	st Middle)		Address See Abov		Age/DOB		os. \$ysten	Status :	99 0	ode code	status	Code 1	Medical Facility	-
															$\dashv$
7 <b>1</b>	Please Select ( of the Followi		2 <u>2</u> #Occupar	Non-Motorist	t A Type	14 Action	15 Loca	ation	16 C	ondition	17		Hit/Ruı	п Море	d
	License#		St_T	OOB/Age	Reg #	0U61F6	Reg	Reg Type_PAN Reg Sta				ate_TN			
	Sex_M_ Lic.	Class C 18 1		Veh Year 2020 Veh Make NISSAN Veh Config. 20											
8 <b>4</b>	Operator THO	Last	MICHAEL First	J Endorsme	Owne	Owner EAN HOLDINGS LLC  Last First Middle									
		CANTERBERRY				Address 14002 E 21ST ST  City TULSA State OK Zip 74134									
	City NEW BR		S	ate_TX Zip_78132											
	Insurance Com		S W W Re		Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)  22  22  22  22  20  Q								,)		
	Vehicle Travel Citation # (If I			Event Sequence 4 22 23 10 Undercarriage									ıge		
		n 1: ChSe		Most Harmful Event 4 2 5 1 Totaled  Driver Contributing Code 1 24 24 1 5 11 Totaled											
			ec Violati		Underride/Override  25 Towed N  8 7 6										
	Pl	ease fill out for		l occupants involved	l			26 27 Seat Safety	28 Airbag	29 Airbag Ej	30 31 Trap	32 Injury I	ransp.	M P 1=	7
	Name (Last Fi	Non-Motorist		See Abov		Age/DOB	Sex	Pos. Syste	m Status	99 0	Code   Code		Code 1	Medical Facilit	У
	THOMAS, DO	ONNA	<b>I</b>	5 CANTERBERRY DR EW BRAUNFELS, TX 7			F 3	1	4	99 0	0	10	1		
				,											
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Date of Crask   Time of Crask   Police Report   Police Repor		Police Use Onl			ommonw				setts			RMV Do		t Number		
Potential Profession   Name of Readway/Street   Router   Direction   Name of Readway/Street   Router   Direction   Name of Readway/Street   Router   Direction   Name of Intersecting Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Readway/Street   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   or   Freet Number   Peet   N.   E.   W.   of   Mile Market   Or   Peet   Or   Or   Peet   Or   Or   Or   Or   Or   Or   Or   O	Date of Cr	ash Time of Ci	rash City	y/Town				sh					— Si	tate Police ocal Police		
Rouse   Direction   Name of Roadway/Street   Rouse   Direction   Address   Name of Roadway/Street   Feet   N.S. E.W. of   Mile Marker   Exit Number   Rouse   Direction   Name of Intersecting Roadway/Street   Advanced Intersection with   Feet   N.S. E.W. of   Mile Marker   Exit Number   Rouse   Direction   Name of Intersecting Roadway/Street   Feet   N.S. E.W. of   Roadway/Street   Rouse   Exit Number   Rouse   Direction   Name of Intersecting Roadway/Street   Feet   N.S. E.W. of   Roadway/Street   Rouse   Rouse   Roadway/Street   Roadway/													0	ther:	_	
Foot   N   E   W   of   Mile Marker   Or   Fait Number		AT INT	ERSECTION	N:	<	LOCA	ΓΙΟΝ	>		NOT	AT I	NTERS	SECT	ION:		
Rouge# Direction  Name of Intersecting Roadway/Street Also al Intersecting Roadway/Street Also al Intersecting Roadway/Street Also al Intersecting Roadway/Street Also al Intersecting Roadway/Street    Vehicle																
Feet   S   E   W   of   Mile Marker   or   Exit Number	Route# I	Direction	Nam		ray/Street		Route# Directi	on Add	ress #		Name	e of Roady	way/Stre	eet		
Routes   Direction   Name of Intersecting Roadway/Street   Feet   N S   W   of   Intersecting Roadway/Street   Landmark	1			At			Feet NSEW of • or									
Route# Direction  Name of Intersecting Roadway/Street    Name of Intersecting Roadway/Street   Intersecting Roadway/Street	Route# I	Direction				b										
Rough   Direction   Name of Intersecting Roadway/Street   Landmark	Also at Intersection with						Route# Intersecting Roadway/Street									
	Route# Direction Name of Intersecting Roadway/Street															
License # St DOB/Age Reg # Reg Type Reg State  License # Reg # Reg Type Reg State  Nomer License # Reg Type Reg State  Note Harmful Event  Note Harmfu	Vehic	le #Occur	ants Hit/R	,,,, [	Moned		Landmark									
See_Lie, Class IS IS Lie, Restrictions Following:    State	Venic	те#Оссир	ants		Mopeu										_	
Deperator   Lest   Flux   Middle   Address   Age-Doa   Address   Address   Age-Doa   Address	License #			DC		_							-	20	_	
Address  City														ţ		
City State Zip City State Zip City State Zip City State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NS EW Responding to Emergency? Event Sequence 22 22 22 22 22 23 4  Vehicle Travel Direction: NS EW Responding to Emergency? Most Harmful Event 23  Violation 1: Ch Sec Violation 2: Ch Sec Direct Contributing Code State Sta													liddle		_	
Insurance Company															-	
Vehicle Travel Direction: NSEW Responding to Emergency?  Event Sequence  Event										_						
Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age DOB Sec Select One of the Following  Vehicle # Occupants   Mon-Motorist A Type   2	┧										amagea .			е ср ю ти	λ)	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 24 24 24 24 24 24 24 24 24 24 24 24 24	╛			Responding	to Emergency?		Sequence							10 Undercarr	iage	
Violation 3: Ch				ution 2: Ch	Soc		l		24	24 1	←	9	5	11 Totaled		
Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  Vehicle — #Occupants  St DOB/Age — Reg # Reg Type — Reg State  Sex M Lic, Class  St DOB/Age — Reg # Reg Type — Reg State  Veh Year — Veh Make — Veh Config.  Owner  Address 46 BROOKSIDE AVE.  City NEWTON State MA Zip 02460  City NEWTON State MA Zip 02460  City NEWTON State MA Zip 02460  Citation # (If Issued) — Wehicle Travel Direction: N S E W Responding to Emergency? — Event Sequence  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle) Address  Age/DOB Sex Pros. Savery Arrange have been code of the plants from pl	1						١		Towa			7				
Name (Last First Middle)			Olider	inde/Override				30 Fiest 1	31 32	2 33						
Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type 2 14 Action 2 15 Location 4 16 Condition 1 17  Hit/Run  Moped  License # St DOB/Age Reg # Reg Type Reg State  Sex M Lic. Class 18 18 Lic. Restrictions	Name (Las	t First Middle)		 I	Address			Sex Po	s. System	Status Swite	h Code	Code Status	S Code	Medical Facili	ty	
License# St DOB/Age Reg # Reg Type Reg State Veh Config.  Sex M Lic. Class I8 I8 Lic. Restrictions Print Middle Address  Operator MORSE KENNETH ARNOLD Owner Address Age/DOB Sex Pos. System Status Switch Code Medical Facility  License# Reg Type Reg State Action 1 Hit/Run Moped  License# Reg Type Reg State Reg Type Reg State Veh Config.  Owner Veh Make Veh Config.  Owner State Make Note of the Noted Reg Make Noted Reg State Sex M Lic. Class First Middle Action Prior to Crash Sex M State Sex M State Sex M State Sex M State Sex M State State Sex M State Sex M State Sex M State Se	Орен				500 1100 10								+			
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License# St DOB/Age Reg # Reg Type Reg State Veh Config.    Sex M   Lic. Class   18   18   Lic. Restrictions   19   CDL Veh Year Veh Make Veh Config.   20																
Sex_M_Lic. Class		Ve	nicle# Occu	pants	Non-Motorist A	Tr.	Action 2			Condi	tion 1	17	<b>]</b> Hit/Ru	un Mop	ed	
Sex_M_Lic. Class	License#		S1	D	OB/Age	Reg#				 _Reg Ty <sub>l</sub>	e	Reg State				
Operator MORSE KENNETH ARNOLD  Last First Middle  Address  46 BROOKSIDE AVE.  City NEWTON  State MA Zip 02460  City State Zip  Insurance Company  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Owner  Last First Middle  Last First Middle  Last First Middle  Address  Address  Address  Owner  Last First Middle  Address  Address  Address  Address  Address  Address  Owner  Last First Middle  Address  Addr	Sex_M_ I	Lic. Class			CDL	Veh Y	ear	Veh	Make			Veh	n Config			
Address 46 BROOKSIDE AVE.  City NEWTON State MA Zip 02460 City State Zip  Insurance Company Vehicle Action Prior to Crash  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 22 22 22 22 22 22	Operator _	MORSE		Н	ARNOLD	Owner		*		First			Gddlo		_	
Insurance Company	Address 4															
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 23 3 4  Citation # (If Issued) Most Harmful Event Violation 1: Ch_Sec_Violation 2: Ch_Sec_Driver Contributing Code Violation 3: Ch_Sec_Violation 4: Ch_Sec_Underride/Override Toward Violation 4: Ch_Sec_Violation 4: Ch_Sec_Underride/Override Toward Violation 4: Ch_Sec_Underride/Override Violation 4	City NEW	TON	City _	State												
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Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Vehicle Tr	Vehicle Travel Direction: NSEW Responding to Emergency?						Event Sequence								
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Age/DO	Citation #	Citation # (If Issued)						Most Harmful Event1								
Violation 3: ChSec Violation 4: ChSec Underride/Override	Vio	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code								
Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  Output  Description:  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Vio					Under	ride/Override				1 1	/				
	Name (La		for operator and	d all occup			Age/DOB		26 27 at Safety os. System	28 29 Airbag Airba Status Swit	g Eject T	31 32 Frap Injury Code Statu	y Transp.	Medical Faci	lity	
			ist		See Above							8				
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## Crash Narrative:

Kenneth Morse stated that on 09/13/2020 at 11:35 hours he was riding his bike south bound on Eddy St and then turned eastbound on to Albemarle Rd . Albemarle Rd is a pubic way in the City of Newton that is one way.

Morse stated that as he turned onto Abermarle Rd he observed vehicle one parked facing east bound in front of 478 Abermarle Rd. Morse also stated that vehicle two was slowing down in front of 478 Abermarle Rd facing east bound. Morse stated that he had intended to ride his bike in between the vehicles. Morse stated that as he rode his bike pass vehicle one , it's front driver's side door opened. Morse stated that he crashed into the open front driver's side door of vehicle one and the impact caused him to lose control of his bike. Morse stated that after he had lost control of his bike he crashed into the rear quarter panel of vehicle two.

Michael Thomas operator of vehicle two stated that he was slowing down in front of 478 Albermarle Rd to look

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # \_\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code \_\_\_\_\_ City\_\_\_\_ Address\_\_\_ US DOT #: State Number \_\_\_ Issuing State \_\_\_\_\_ ICC #:\_\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #:\_ Hazmat Information: Material Name\_\_\_\_\_\_ Material 4 digit # \_\_\_\_\_\_ Release code Placard Material 1 digit #

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		09/14/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 =	Vehicle 1	2	_ <del>_</del> Vehicle 2		Pedestr	ian		
Crash Diagram:	ie: →[	1	_	2		<b>→</b>	Ŷ			
									If Crash <u>Did No</u> on a Public Way	
				į					☐ Off-Street Parl	king Lot
									☐ Garage	
									☐ Mall/Shopping	g Center
		-		+					☐ Other Private	
		- -		_					Indicate North b	y Arrow
	_   _	  -		_						
		į							( ,	)
Crash Narrative:									•	
at his childhood home whe	n Morse crash	ed i	nto the	re	ar quarter	pane	el of hi	s vehic	le, causing damag	e.
Operator of vehicle one I	arissa Pazmin	o st	ated th	at s	he opened	the f	ront dr	iver s	ide door of her v	ehicle and
did not see Morse prior t	o opening the	doc	or. Mors	e tr	ansported l	nimse	elf to N	WH wher	e he was treated	for a
broken collar bone. Pazm	nino was cited	( M	1A T2016	094	) for MGL	90/14	, open	ing a d	oor near bicyclis	t.
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Bronorty Damago										
Property Damage: Owner (Last, First, Middle)	Address				Phone #		34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #				(From	Vahia	le Section)			
Carrier Name	Registration #				(F1011	- venic			Carrier Issuing Authority	Code 35
Address					City				St Zip	
US DOT #:	State Number				_ Issuing State		ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	ross Vehicle Weight		38							
Trailer Reg #:	L Reg Type		Reg Sta	te	Reg Ye	ar	Tra	ailer Lengtl	h 39	
Hazmat Information:										
Placard 40 Material 1 digi	t # 41 Materia	ıl Nan	ne				Material 4	ligit#	Release code	42
MICHAEL A MCSWEENEY						NEWTON	POLICE DEPARTS		09/1	4/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)