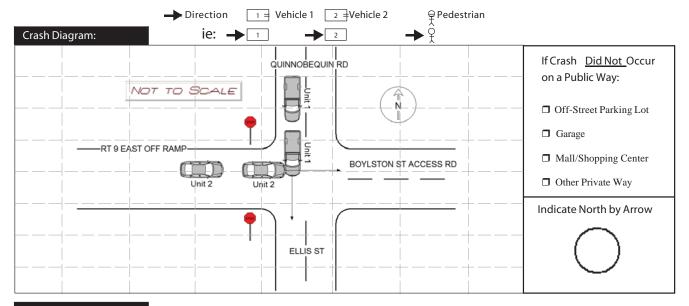
	Poli	ice Use Only		Commonwea	lth c	of Massa	achu	isetts	5		RM	V Docur	ment Number	
	Date of Crash 09/18/2020	Time of Crash	City/Tov NEWTON	Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	□ Xì
	09/18/2020	08:38 24HR		Pol	ice 1	Report		2	1	- 1	ngitude_		MBTA Police Other:	
		AT INTER	RSECTION:	< I	LOCA	ΓΙΟΝ	>		N(	TA T	INT	ERSE	CTION:	2
	EAST	Γ BOYLS	TON ST											2
<b>1</b>	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	2 <sup>10</sup>
	At SOUTH ELLIS ST				Feet N S E W of or							_   _		
	Route# Direction Name of Intersecting Roadway/Street			Mile Marker Ex						Exit Number	_			
	Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	- 1	
<sup>2</sup>	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of								3	
3					Landmark								-	
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		20	000000528	3					
	License#		St MA		Reg#	M5187A			Reg	Гуре_М	VN	Reg	State MA	
	Sex_M_ Lic.	Class B 18 1	Lic. Restrictions		Veh Ye	ear_2012	Vel	Make_F	ORD			Veh Co	onfig. 20	
<sup>4</sup> 2	Operator BIA	Last	KEITH First	Endorsment		NEWTON Las		CITY	REC DE	PT		Middle		- <b>1</b>
	Address 110 C	Address 110 CRAFTS ST			Address 110 CRAFTS ST									
	City NEWTON State MA Zip 02458			e_MA Zip_02458	City NEWTON State MA Zip 02458							_		
	Insurance Com	pany SELF INSU	JRED		Vehicle	e Action Prior to	Crash	1	21	Damag	ed Area	Code: (	Circle Up to Thr	ee)
5 <b>1</b>	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency?_N	Event	Sequence 1	22 22		22	<b>D</b>	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23	]		1 4	9	$\left\{ \right\}$	10 Undercari 5 11 Totaled	riage
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co			24				J	
<sup>6</sup> 1	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override							6					
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A Status S	29 3 irbag Eje witch Coo	0 31 Ct Trap le Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	ity 1:
	Operator	,		See Above				1		99 0	0	8 1		
7					1	4 1	15		16		17			
2	Please Select C of the Followi	I A Venicle	2 1 #Occupants	Non-Motorist A Type	e l	Action	Loca	ation	16 Co	ndition	17	Hi	t/Run Mop	ped
	License#	License # St MA _ DOB/Age			Reg # RS710				Reg Type PAS Reg Sta			State MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				Veh Year 2014 Veh Make MERZ						Veh Config. 1			
<sup>8</sup> <b>1</b>	1	Operator STEIN HERBERT M Endorsment			Owner (Same as operator)									
1	Address 71 FAIRLEE ROAD Address						st		First			Middle		
	City NEWTON State MA Zip 02468				CityStateZip									
	Insurance Company COMMERCE INS				Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel	_		oonding to Emergency? N	Event	Event Sequence 1 22 22 22 22 2 3 4								
	Citation # (If Issued) T2080849					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled								riage
	l	n 3: ChSe	Underride/Override  25 Towed Y  6											
	Pl	Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eject Frap Injury Fr				33 ansp.	$\dashv$		
	Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	m Status S	Switch Co	de Code		Code Medical Faci	ility
	operator/	ou motorist		300 710010				- 1	3	,, 0	0	10 1		
								+		+	-			



## Crash Narrative:

The operator of veh #1 was driving City of Newton work truck #455 due South on Quinnobequin Rd when he was struck by veh #2 coming off of Rt 9 East from his right. Moderate damage to veh #1 and it was towed by Tody's Towing. The operator of veh #1 stated he had right arm and leg pain and was checked out by the Medics and signed a patient refusal.

The operator of veh #2 stated he was coming off of the Rt. 9 East ramp when he stopped at the stop sign at Ellis St. The operator said he looked left and right and then started to proceed straight when veh#1 him on the drivers side front left. Moderate damage to veh#2 and it was towed from the scene by Tody's Towing. The operator was issued in hand Mass. Citation #T2080849 for Ch 89/ Sec 8-Failure to yield to the right of way. Pictures were taken of the scene and submitted to our I.T. Bureau for upload to this report.

Witnesses:												
Name (Last, First, Middle)	Address			Phone #	Statement							
Property Damage:												
Owner (Last, First, Middle)	Phone # 34-Type Des			Desci	ription of Damag							
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier NameCarrier Issuing Authority Code												
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	Tr	ailer Le							
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42				