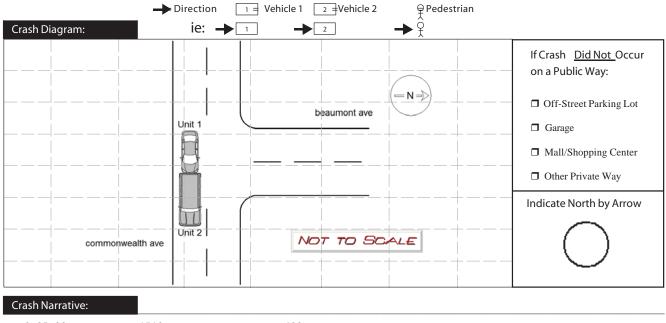
	Poli	ice Use Only		Comn	nonweal	lth o	of Mass	achı	ıset	tts		R	MV Do	cumer	nt Number	
	Date of Crash 09/25/2020	Time of Crash 15:10	City/	Town	Motor	Veh	icle Cra	sh	Num			Speed L Latitude		S	tate Police ocal Police /IBTA Police	□ X ì
	09/23/2020	24HR	NEWTON		Pol	ice I	Report		2	0		Longitu			ABTA Police Other:	
		AT INTER	RSECTION		< L	OCAT	ΓΙΟΝ	>		N	OT A	AT IN	TERS	ECT	ION:	
	SOU	TH BEAUM	ONT AVE													$\frac{1}{2}$
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			of Roadway/Stree	t	I	Route# Direction	on Ac	ddress	#		Name o	of Roadv	vay/Str	eet	
	At EAST COMMONWEALTH AVE					Feet NSEW of or Exit Number								_ _		
	Route# Direc	ction N	Vame of Intersec	ing Roadway/Stre	eet	<u> </u>		ylele	Iv c		Iile Mar	ker		E	Exit Number	_
			Also at Int	ersection with		-	_	N S E		Re	oute#	Inter	secting I	Roadwa	ny/Street	- -
2 1	Route# Direct	tion	Name of Inter	secting Roadway/S	Street		Feet	N S E	W of							2
3						Landmark									\dashv	
	X Vehicle 1	#Occupants	Hit/Ru	n Mope	ed Case N	lumber		2	000000)554						
	License#		St_ ^I			Reg#_	GUANDI			Re	g Type	PAN	F	leg Sta		-
	Sex_M Lic. 0	Class D 18 18	Lic. Restricti		DL	Veh Ye	ear_2010	Ve	h Mak	e_HONE)A		Veh	Config	g. 20	
4	Operator CHA	ANG	SHIH		Middle	Owner	(Same as ope	rator)		Fi				iddle		- 1
1	Address 50 DI	INSMORE AVE	(apt. 509)		Middle	Addres							М	iddle		₋├
	City FRAMIN	IGHAM	:	State MA Zip	01701	Address										
	Insurance Com			r -		-	Action Prior to		1	21				_	ele Up to Thre	
5	1	Direction: N	S W R	sponding to Eme	rgency? N			22 22		22 22	0_		3	4		
		ssued)		sponding to Eme	rgency		Iarmful Event	23	<u> </u>			\wedge	$\perp \wedge$		10 Undercarr	iage
	,	1: ChSec		on 2. Ch	00		l	1	19 ²⁴	. 24	1 0 ◀	-	9	5	11 Totaled	
⁶ 1	1						Contributing C	25 25	-1	. v	0	V	7	ر 6		
1		3: ChSec				Underr	ide/Override	<u> </u>		owed <u>Y</u>	29	30	31 32	33	T	_
	Name (Last Fire		ator and an occ		Address		Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 afety Airba stem Statu	Airbag Switch	30 Eject Tra Code Co	31 32 ip Injury de Status	Transp Code	Medical Facili	1 1
	Operator			See	Above				1	l 4	4	0 0	10	1		
7												oxdot				
3	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupa	nts Non-M	lotorist A Type	1	4 Action	Loc	ation	16	Conditio	on 1		Hit/R	un Mop	ed
	License#		St ¹	MA DOR/Age		Reg # 46LR24 Reg Typ					a Type	PAN Reg State MA				_
		18 18 19							Reg Type PAN			20			-	
8	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL Endorsment Operator MUNSHI MANIT					Veh Year 2015 Veh Make TOYOTA Veh Config. 2										
2	Address 77 BC	Last	First		Middle	Owner MUNSHI NIKHIL Last First Middle Address 77 BOOTH ST									-	
				MA				,1					МА		02404	-
	City NEEDHA		;	State MA Zip	02494	City N	EEDHAM			21			ate MA	_ ^		-
	Insurance Company_SAFETY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)	
	Vehicle Travel Direction: $\boxed{\mathbf{N} \ \mathbf{S} \ \mathbf{X} \mathbf{W}}$ Responding to Emergency? \mathbf{N}						Sequence 1	22 22		22	2		3		10 Undersor	iage
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage									iage	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code								1 24 24							
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y 8 7 6																
		ease fill out for	operator and a	Il occupants inv			A/DOD		26 Seat Sa	27 28 afety Airba	29 Airbag	30 Eject Tra	31 32 ip Injury	33 Transp		Lite.
	Name (Last Fi	Non-Motorist		See	Above		Age/DOB	Sex	Pos. S	System Stati	us Switch	0 0	ode Statu 10	S Code 1	Medical Faci	nty
	*								+	-						\dashv
									+							



ON 9-25-20 AT APPROX. 1510HRS. WHILE WORMING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT, UPON ARRIVAL AT THE INTERSECTION F COMMONWEALTH AVE. AND BEAUMONT I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON COMM AVE. HE STATES VEHICLE #2 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON COMM. HE STOPPED BEHIND A MOTORCYCLE THAT STOPPED TO LET PEDESTRIANS CROSS THE STREET. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD REAR END DAMAGE AND HAD TO REMOVE HIS BUMPER. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

CONTACT THEIR INSURANCE CON	MPANIES. CLEARE	D WITHOUT FUE	RTHER INCIDENT							
Witnesses:										
Name (Last, First, Middle)		Address			Phone #	Stat	tement			
Property Damage:		+								
Owner (Last, First, Middle)	Address	Phone # 34-Type De			Description of Dama	scription of Damaged Property				
Truck and Bus Information:			(From Vehic				35			
Carrier Name					Carrier Issu	ing Authority Code				
Address			City		St	Zip	_			
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate 36				
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code 42	2			

THOMAS P WALSH			NEWTON POLICE DEPARTM	09/25/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date