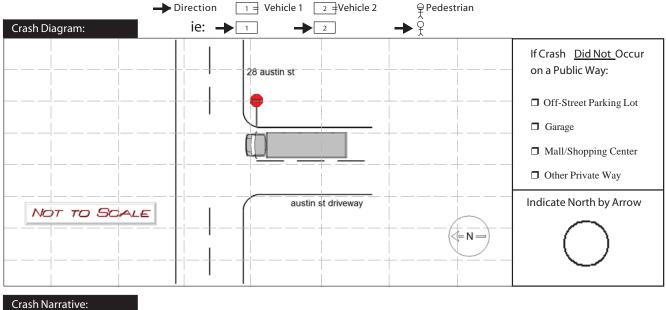
[	Poli	ice Use Only		<u>Com</u> monweal	lth o	f Mass	ach	uset	ts		RMV	V Docun	nent Number	
	Date of Crash 09/29/2020	Time of Crash 14:08 24HR	NEWTON	1410101		icle Cra Report	sh	Numb Vehic	1	red La	eed Limi titude ngitude_		State Police Local Police MBTA Police Other:	XI O
		1	RSECTION:		OCAT	_	>		N				CTION:	
1					_	NORTH			_	TIN ST				
1	Route# Direc	tion	Name of Ro	adway/Street	F	Route# Directi		ddress #				Roadway/	Street	2
	Route# Direc	etion	Name of Intersecting R	oadway/Street	<u>_</u>	Feet	N S E	W of		le Marker		or	Exit Number	_
			Also at Intersect		-	Feet	N S E	W of	Rou	ıte#	Intersec	ting Road	dway/Street	-  _
2 1	Route# Direc	tion	Name of Intersectin	g Roadway/Street		Feet	N S E	W of						_ 1
3	_	_1_#Occupants	TT								Laı	ndmark		┪
				Case iv	lumber	Y00=04	2	20000005			211			4
	License #	18		DOB/Age	Reg#	ar_2019	3.7	1 3 6 1	_			Reg	State MA  nfig 13	-
4		O Last	Lic. Restrictions  MIGUEL	Endorsment		PENSKE LEA								- 7
2	Address 60 N.	MAIN ST. (apt	First t. 410)	Middle		2675 MORG	st		First			Middle		_   /
	City NATICK		State_	MA Zip 01760	City R	EADING					State	PA Z	Zip 19603	
<i>5</i>		pany TRAVELI				Action Prior to		1	21			Code: (C	Circle Up to Thre	e)
5 <b>1</b>		Direction:		ding to Emergency? N		Sequence 23	2	22 22	22	2	3		10 Undercarri	age
	,	ssued)		ChSec		farmful Event  Contributing C	23	1 24	24	1	9		5 11 Totaled	
<sup>6</sup> 5				ChSec		ide/Override	2		wed Y	8	7		6	
	Please t		rator and all occupar	nts involved Address		Age/DOB	Sex	26 Seat Saf	27 28 Tety Airbag	29 :	30 31	32 Injury Tra	33 nsp. de Medical Facilit	y 2
	Operator	st Middle)		See Above		Age/DOB		Pos. \$ys	Status S	witch Co	de Code 0	\$tatus   Co 10   1	NONE	y
<sup>7</sup> <b>3</b>	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	14	Action	Loc	eation	16 Co	ondition	17	Hit	t/Run Mope	ed
	License#	18	St		Reg # Reg Type Re						Reg	g State		
	Sex Lic.		Lic. Restrictions	CDL Endorsment		ar		h Make	:			_ Veh Co		
8 <b>4</b>	Operator	Last	First	Middle		La	st		First	:		Middle		-
	Address		State	Zip		S					State	. 7	Zin	
	City State Zip  Insurance Company				Damaged Area Code: (Circle IIn to Three)							ee)		
	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							age		
		Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec				Driver Contributing Code 24 24 7 6								
[			Sec Violation 4 r operator and all oc		Underri	ide/Override		Tov	ved 27 28 fety Airbag		30 31 Trap	] 32	33	
	Name (Last Fi			Address See Above		Age/DOB	Sex	Seat Saf Pos. Sy	fety Airbag stem Status	Airbag Eje Switch C	ct Trap ode Code	Injury [Fra	nsp. ode Medical Facil	ity
	Орегасог/	14011-MOTOTISE		See AUUVE										
								+						
								+						



ON 9-29-20 AT APPROX. 1408HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 28 AUSTIN ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS EXITING THE PARKING GARAGE OF 28 AUSTIN ST. WHILE EXITING THE FRONT CAB OF HIS VEHICLE DIPPED DOWNWARD BECAUSE AUSTIN ST. WAS UNDER CONSTRUCTION. AS THE FRONT OF HIS VEHICLE DIPPED DOWNWARD, THE REAR OF HIS VEHICLE RAISED UP AND HIT AN EXIT SIGN THAT HUNG FROM THE CEILING OF THE PARKING STRUCTURE. DRIVER REPORTS NO INJURIES OR DAMAGE TO HIS VEHICLE. WAS ADVISED TO CONTACT HIS INSURANCE COMPANY. A VOICE MAIL WAS LEFT FOR THE PROPERTY OWNER WEBERSON PINTO. HE IS THE CONTACT PERSON FOR THE PROPERTY AT 28 AUSTIN ST. CLEARED WITHOUT FURTHER INCIDENT.

witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
			•

## **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** 28 AUSTIN ST PINTO, WEBERSON, NEWTON, MASSACHUSETTS 0 339-240-2037 97 EXIT SIGN

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
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	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #_		Release code 42

THOMAS P WALSH		NEWTON POLICE DEPARTM	09/29/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date