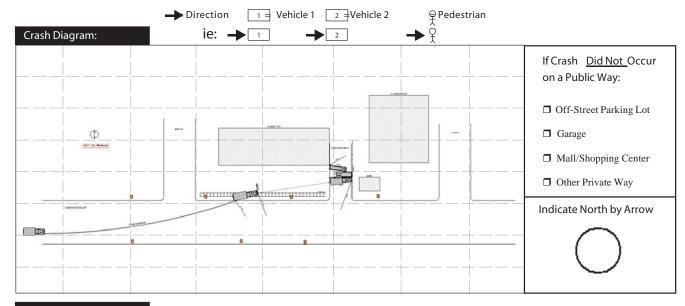
	Poli	ce Use Only		Commonwea	lth o	of Massa	ach	uset	ts		RM	V Docui	ment Number	
	Date of Crash 09/30/2020	Time of Crash 19:32 24HR	NEWTON	1410101		icle Cra Report	sh	Numb Vehicl	- 1	red L	oeed Limi atitude _ ongitude_		State Police Local Police MBTA Police Other:	, Xi
			RSECTION:		OCAT		>						CTION:	$\neg$
	SOU	TH EDDY S	ST											2
<b>4</b>	Route# Direc	tion		oadway/Street		Route# Direction	on A	ddress #	_	1	Name of I	Roadway	/Street	2
	EAST	WASHI	AI INGTON ST		-	Feet N	N S E	W of		 le Marke	•	or	Exit Number	_ <del>  _</del>
	Route# Direc	tion N	Jame of Intersecting Also at Interse			Feet N	N S E	W of	IVII	ie Marke	;r		Exit Number	$\dashv$
2			Also at litterse	etion with		Feet N		_	Ro	ıte#	Intersec	ting Roa	dway/Street	$ 3^1$
<b>1</b>	Route# Direct	tion	Name of Intersecti	ng Roadway/Street			1~1~				La	ndmark		$ \begin{vmatrix} 3 \end{vmatrix}$
3	XVehicle1	#Occupants	☐ Hit/Run	Moped Case N	Number		2	20000005	70					$\neg$
	License #		St MA	DOB/Age		5DT664				Tuna P	AN	Dog	State_MA	-
	License #	18 1 D		19 CDL	_	ear 2003							20	_
4	Operator BUT		 KYLE	Endorsment		(Same as oper		II IVIAKC_						$ 3^{11}$
1		Last JBURNDALE A	First <b>VE</b>	Middle		Las:			Firs			Middle	e	_   3
	City NEWTO	N	State	MA Zip 02465									Zip	_
	Insurance Com	pany_ARBELLA	MUTUAL INSUR	ANCE	Vehicle	e Action Prior to	Crash	1	21	Dama	ged Area	Code: (	Circle Up to The	ree)
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? N	Event 3	Sequence 41 2			2 22	2	3		4	
		ssued) T2015883		00/47/6	Most F	Harmful Event	2 2.		24	1	. 9		10 Undercar 5 ① Totaled	riage
<sup>6</sup> <b>1</b>	1			: Ch_89/4B/sec		Contributing Co	ode 2	10 24		8	/	$\Delta$	6	
1			v Violation 4 ator and all occupa	: ChSec	Underr	ide/Override		To	wed <u>Y</u>		30 31	32		1
	Name (Last Fire			Address		Age/DOB			em Status	Switch C	30 31 ject Trap ode Code	status C	33 ansp. ode Medical Faci	lity 20
	Operator			See Above				0	4	4 0	0	8 2	NEWTON WELL	ESLEY HO
												$\vdash$		
7												Ш		
3	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	4 Action 1	Loc	cation	16 C	ondition	17	Н	it/Run Mo	ped
	License#	18 1	St	DOB/Age	Reg#_	45D610			Reg	Type_P	AN	Reg	State MA 20	_
	Sex Lic. (		Lic. Restrictions	CDL Endorsment		ear_2007		eh Make_	SUBAR	U		_ Veh Co		
8 <b>1</b>	Operator	Last	First	Middle		MALDONAL	t	AM	Y Firs	:		Middle	e	-
	Address					74 EDDY ST						3.5.4		-
	City	COLUMN		eZip	- 13	IEWTON			21	D			Zip <u>02460</u>	_
			CE INSURANCE	– "N		Action Prior to		11 22 22	21 22	Dama 2	ged Area 3	Code: (	Circle Up to The	ree)
	Vehicle Travel		S X W Respo	onding to Emergency?N			2					$\overline{A}$	10 Undercar	riage
	Citation # (If Is		Violation	2: ChSec		Iarmful Event Contributing Co	1	24	24	1	- 9		5 (1) Totaled	
				2: CnSec 4: ChSec		ride/Override	2:	1 Tow	ed Y	8	7	لل	6	
	Ple	ease fill out for		ccupants involved	Chidell	las o verriue			27 28 ety Airbag	29 Airbag Fi	30 31 ject Trap	32 Injury Tr	33 ansp.	$\dashv$
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Sys	stem Status	Switch C	Code Code	Status C	Code Medical Fac	ility
	орогиюн.									+				$\dashv$
										+				$\dashv$
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Sex_M   Lic Class   D   Lic Restrictions   T   CDL		ice Use O		Cital		Commonwo						Nave-1-					umber Police	
Router   Direction   Name of Intersecting Roadway/Street   Ali			Crasn	-	Town	MIOLO				l Ve	ehicles	Injured	Latit	ude		Loca MBT	l Police A Police	X
Route# Direction Name of Intersecting Readway/Street Also at Intersecting Readway/Street    Foot   N   S   W   of		ATD		CECTION	г.					3	3							
Route# Direction Name of Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Pear N S E W of Route# Intersecting Roadways/Street    Pear N S E W of Route# Intersecting Roadways/Street Route# Intersecting Roadways/Street   Pear N S E W of Route# Intersecting Roadways/Street Route# Intersecting Roadways/Street   Pear N S E W of Route# Intersecting Roadways/Street Route# In	F	AIII	VIER	SECTION	:		LUCA	AHON				NOI	AI	INTE	LKSE	CHO	N:	_
Route# Direction Name of Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Also at Intersecting Roadways/Street Pear N S E W of Route# Intersecting Roadways/Street    Pear N S E W of Route# Intersecting Roadways/Street Route# Intersecting Roadways/Street   Pear N S E W of Route# Intersecting Roadways/Street Route# Intersecting Roadways/Street   Pear N S E W of Route# Intersecting Roadways/Street Route# In																		
Route# Direction  Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street  Route# Direction  Name of Intersecting Roadway/Street  Route# Intersecting Roadway/Street  Landmark  Reg Type PAN Reg State MA  Reg Type PAN Reg State MA  Reg Type PAN Reg State MA  Very Year 2003 Veh Make FORD Veh Config. 2  Owner  License # Status Direction  State May DOR/Age — — Reg # 911664  Reg # 1916 Address  Address  Vehicle Treet Direction  State May Dor	te# Direction	tion		Name				Route# Di	rection	Addre	ss#		Naı	me of R	loadway	/Street		
Name of Intersection Roadway/Street   Feet   N   E   W								Fe	et N	S E W	of -	Mile M	• Iarker		or	Exit	Number	-
Route Direction Name of Intersecting Roadway/Street    S   MA   DOB/Age     Reg 9 801664   Reg Type PAN   Reg State MA	ute# Direction	ction	Na					Fe	et N	S E W	of							
Router   Direction   Name of Intersecting Readway/Street   Landmark				7 1100 111				Fe	et N	SEW	of	Route#	I	ntersec	ting Roa	idway/S	treet	-
Decrease   District   Decrease   District   Decrease	ute# Direction	tion –		Name of Inter	rsectir	ng Roadway/Street				~[-[]	01			Lar	ndmark			
License # S S MA DOB/Age =	Vehicle 1 1	1 #Occ	rupants	☐ Hit/Ru	ın	Moned				•								
Sex M. Lic. Class D. 8 18 Lic. Restrictions 1 19 CDL Endorsment Operator BUTLER KYLE Address 94 AUBURNDALE AVE Address 94 AUBURNDALE AVE City NEWTON State MA Zip 02465 City NEWTON State Zip Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S XW Vehicle Action Prior to Crash Violation 3: Ch. Sec Violation 4: Ch. Sec Underride-Override  Please fill out for operator and all occupants involved Name (Last Piex Moddle)  Please fill out for operator and all occupants of Emergency? N Sex Lic. Class 18 18 Lic. Restrictions DOB: Age Reg # 4778899 Reg Type PAN Reg State MA Address Address Address Address Address Address Address Address Age-DOB Sex New Young Name (Last Piex Moddle)  Vehicle Travel Direction: N S XW Responding to Emergency? N Operator  Please fill out for operator and all occupants involved Address Address Address Address Address Age-DOB Sex New Young Name (Last Piex Moddle)  Vehicle Action Prior to Crash  Veh Config. 2  Vehicle Action Prior to Crash  Veh	veinere <u> </u>		upants			_ r ca				20000	000570							
Operator BUTLER KYLE Address \$4 AURURNDALE AVE City NEWTON State MA Zip 02465 City State City State Zip Vehicle Travel Direction: NS   W Responding to Emergency? N Vehicle Travel Direction: NS   W Responding to Emergency? N Violation 1: Ch. Sec Violation 2: Ch. Sec Direct Contributing Code   10			18 18		MA		_								-	Γ	1A 20	-
Address ##				_	ions	CDL	Veh	Year_2003		_ Veh M	ake_FO	RD			Veh Co	onfig.	2	
City NEWTON State MA Zip 02465  Insurance Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction: N S W W Responding to Emergency? N Citation # (If Issued) T2015883  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override Direction: N Sec Wiolation 2: Ch Sec Underride Override Direction: N Sec Wiolation 3: Ch Sec Wiolation 4: Ch Sec Underride Override Direction: N Sec Wiolation 5: Ch Sec Underride Override Direction: N Sec Wiolation 6: Ch Sec Underride Override Direction: N Sec Wiolation 6: Ch Sec Wiolation 7: Ch Sec Underride Override Direction: N Sec Wiolation 8: Ch Sec	L	Last		First		Middle	Own	er	Last			First			Middle	e		-
Insurance Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction: NSXW Responding to Emergency? N  Citation # (If Issued)  Please Select One of the Following:  License # St DOB/Age Reg # 47XB99 Reg Type PAN Reg State MA  Sex Lic. Class Is Is Lic. Restrictions  Doperator  Last First Middle:  Down Reg Sold Reg Arabe Select One of the Following:  City State Zip City State Zip City State Zip City NewTON  State Zip City NeWTON  State Zip City NeWTON  State Zip City NeWTON  State MA Zip 02460  Vehicle Travel Direction: NS XiW Responding to Emergency? N  State MA Zip 02460  Vehicle Action Prior to Crash 1 2 1 2 2 3 3 4 4 10 Under 12 2 3 10 Under 12 3 10 Under						3//												-
Vehicle Travel Direction: NS NW Responding to Emergency? Notation 4: Characteristic Sequence 17 22 20 22 22 22 22 22 23 3 4  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override																-		
Vehicle Travel Direction: NSXW   Responding to Emergency?   Northead   Sevent Sequence   41   20   23   2   3   4   10   Under   12   23   3   5   10   Under   12   23   3   5   10   Under   12   23   10   10   24   9   24   8   7   6	-						_				22		amage	u Area	coae: (		p to Thre	e)
Violation # (If Issued)  Violation # (If Issued)  Violation # (Vi Issue				S W R	espon	ding to Emergency? N				23	2			Ň		)	Undercarri	iage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   25									_		24	24	<b>←</b>	9		1		uge
Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:    Address												۾ <i>`</i>		7		<i>)</i> 6		
Please Select One of the Following:   Vehicle 3 0 # Occupants   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Hit/Run   Non-Motorist A Type   14   Action   Non-Motorist A Type   14   Action   Non-Motorist A Type   Non-Motorist A Type   14   Action   Non-Motorist A Type   Non-Motorist A Type   16   Location   Non-Motorist A Type							Unde	erride/Overric	le				9 30	31	32	33		_
Please Select One of the Following:    Vehicle 3 0 # Occupants	ime (Last First M	rst Middle)		tor and an oc	cupai	Address				ex Pos.	Safety A System	Airbag Airba Status Swite	g Eject h Code	Trap Code	Injury Tr Status C	ansp. ode M	edical Facili	iy
License # St DOB/Age Reg # 47XB99 Reg Type PAN Reg State MA  Sex_ Lic. Class	Operator					See Above			-		-							
License # St DOB/Age Reg # 47XB99 Reg Type PAN Reg State MA  Sex_ Lic. Class																		
License # St DOB/Age Reg # 47XB99 Reg Type PAN Reg State MA  Sex_ Lic. Class I8 I8 Lic. Restrictions DODE CDL Veh Year 2011 Veh Make TOYOTA Veh Config. 2  Operator Operator State State State MA  Address Address Address Address Address Address Address Pisst Middle  Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash II II II Damaged Area Code: (Circle Up to Vehicle Action Prior to Crash II																		
License # St DOB/Age Reg # 47XB99 Reg Type PAN Reg State MA  Sex_ Lic. Class I8 I8 Lic. Restrictions DODE CDL Veh Year 2011 Veh Make TOYOTA Veh Config. 2  Operator Operator State State State MA  Address Address Address Address Address Address Address Pisst Middle  Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash II II II Damaged Area Code: (Circle Up to Vehicle Action Prior to Crash II																		
License #St		I X I	Vehicle <sup>3</sup>	3 <u>0</u> #Occup	ants	Non-Motorist A	Туре		15	Location		6 Condi	tion	17	Пн	it/Run	Мор	ed
Sex Lic. Class		119.		G,		DOD/A	D	47XB99				D T	PAN	J	D	g, N	ΛA	_
Operator			18 18	3		19				Val M	alra TO		pe	•			20	-
Address First Middle First Middl		Ciass		Lic. Resulci	10118				NADO						_ ven co	ning.		
City COMMERCE INSURANCE	I	Last		First		Middle			Last			First			Middle	e		-
Insurance Company COMMERCE INSURANCE  Vehicle Travel Direction: NSW Responding to Emergency? N  Citation # (If Issued) Event Sequence 1 22 35 22 22 22 22 22 3 4  Citation # (If Issued) Direction: NSW Nost Harmful Event 1 23					State	7in								State	MA	7in 024	.60	-
Vehicle Travel Direction: NSW W Responding to Emergency? N Event Sequence 122 35 22 22 22 22 22 23 4  Citation # (If Issued)		nany CO!	MMER(			Zip			ior to C	rach [	21	D	amage			•		ee)
Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24	•					nding to Emergency?N			- 22			<b>22</b> 2		3		4	•	
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24			11	<u> </u>	ксэро	nding to Emergency		•		23				M	ΛÌ		Undercarri	age
Violation 3: ChSec Violation 4: ChSec Underride/Override			Sec	 c Viola	ation ?	t: Ch Sec					24	24	<b>←</b>	9		) <sup>5</sup> (1)	Totaled	
Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  Age/DOB  Age										25	Towed	Y 8		7		6		
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical							Jide						30 Fiect	31 Trap	32 Injury Tr	33 ansp.		
Operation motorist				I							System	Status Swi	ch Cod	e Code		Code N	ledical Facil	ity
	орегают/100	1 1011-1010	.01181			SEE ADOVE							+					
											+		+					



## Crash Narrative:

On 09/30/2020 at approximately 19:32hrs members of the Newton Police Patrol Bureau responded to a motor vehicle crash near the intersection of Washington St and Eddy St. After an initial investigation of the crash the Patrol Bureau secured the crash scene and called in the Newton Police Traffic Bureau to investigate. At approximately 19:45hrs Sgt. Devine, Ofc Wilson and I (Ofc Schlegel) from the NPD Traffic Bureau responded to the scene to investigate. Upon arrival to the scene I was met by Ofc Kane of the NPD Patrol Bureau. Ofc Kane stated that the crash was located in the driveway of 74 Eddy St and that it involved a Ford F350 pickup striking two parked cars. Ofc Kane stated that the operator identified as Kyle Butler had already been taken to Newton Wellesley Hospital by Cataldo EMS for injuries. .

Upon approaching the crash scene I observed the following:

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	74 EDDY ST		
KERR, ROBERT, W	NEWTON,MA 02460		Y
	1019 WASHINGTON ST		
MAHONEY , CHRISTIN,	NEWTON,MA S94771688		Y

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 45 HARRINGTON ST HENRY, NGUYEN, NEWTON,MASSACHUSETTS 0; 617-755-2053 PFENCE 06 LAKE SHORE DR N LEIBER, SUSAN, FALMOUTH,MASSACHUSETTS 617-877-7070 PT HOUSE

LEIBER, SUSAIN,	FALMOUTH, MASSACHUSETT	15 027 077 7070	37 HOUSE		
Truck and Bus Information:	Registration #	(From Vehi	cle Section)		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 Gros	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

JASON M. SCHLEGEL		NEWTON POLICE DEPARTM	10/01/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1 = ve	nicie i 2 <del>-</del> venicie 2	Fredestrian	
Crash Diagram:	ie: 🕕 🛚	2	<b>→</b> ĝ	
		_		If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
		++		Indicate North by Arrow

## Crash Narrative:

The crash occurred at night time hours at approximately 19:32EST near the intersection of Washington St and Eddy St. Both Washington St and Eddy St are public ways in the City of Newton. The weather conditions at the time of the crash were a dark and clear with a temperature of approximately 60 degrees F. Washington St is a four lane undivided roadway (2 westbound travel lanes and 2 eastbound travel lanes). Washington St lighted roadway which has concrete light poles on both the westbound and eastbound sides. Washington St was under construction at the time and had a base coat of asphalt applied. At the time of the crash Washington St did not have any painted lane markings due to ongoing construction. Washington St is separated from the road sides on both the eastbound edge and the westbound edge with fixed granite curbing. The roadway also had several orange traffic barrels and traffic cones located edges of the eastbound and westbound lanes. Affixed

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
CETTOTIES TOTAL	44 HARRINGTON ST NEWTON,MA 02460		Y
	, , , , , , , , , , , , , , , , , , ,		

Property Damage:

Owner (Last, First, Middle)

Address
Phone # 34-Type Description of Damaged Property

1000 COMMONWEALTH AVE
CITY OF NEWTON, CITY OF NEWTON, MASSACHUSETTS 0, 617-796-1000

3 STREET LIGHT

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

JASON M. SCHLEGEL		NEWTON POLICE DEPARTM		10/01/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

⊣	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	· ĝ			
						rash <u>Did Not</u> ( a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
				į		Mall/Shopping Ce	enter
	. —   — — —			+		Other Private Way	,
	· —   — — —				Indi	cate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
to the light poles and the	traffic barrel	s were tempo:	rary no parkin	g signs	for the ongoin	g road consti	ruction.
At the time of the crash	no road constr	uction activ	ities were tak	ing plac	e. No major de	bris or other	<u> </u>
obstructions were observed	in the roadway	. Washington	St is a major	roadway	in the City o	f Newton and	travels
west to East across the en	tire City of Ne	wton. This a	rea of Washing	ton St w	here the cras	h occurred is	s in
between West Newton Square	and Newtonvill	e Square, th	is area has a	posted 3	5 MPH speed li	mit. Both Wes	st
Newton Square and Newtonvi	lle Square are	densely popu	lated with sev	eral bus	inesses and re	sidential are	eas. The
section of Washington St w	here the crash	occurred is	also traveled	frequent	ly by pedestri	an, bicycle a	and
motor vehicle traffic. At	the time the cr	ash occurred	19:32hrs This	area of	Washington St	is still a h	neavily
travelled roadway.							
(Continued or	n next page)						
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Hame (East, First, Middle)		ridaress			THORE		Statement
Property Damage:	1		1				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	iged Property	
Truck and Bus Information:	Registration #		(From Vehi	olo Soction)			
Carrier Name				,	Carrier Iss	uing Authority Code	35 e
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra			
Hazmat Information:	41						42
Placard Material 1 digit #	Material Na	ime		Material 4 o	ligit #	_ Release code	42

<b>→</b> D	Pirection 1 = Vehicle	1 2 =Vehicle 2	<b>₽</b> Pedestrian	
Crash Diagram:	ie: → 1 -	2	<b>→</b> ĝ	
				If Crash <u>Did Not</u> Occur on a Public Way:
	_			☐ Off-Street Parking Lot
	_			☐ Garage
				☐ Mall/Shopping Center
	-			☐ Other Private Way
	_			Indicate North by Arrow
Crash Narrative:				
I observed Vehicle 1 describe	ed as a 2003 Ford F3	50 color white (M	MA Reg 5DT664) locat	ted in the driveway
of 74 Eddy St. 74 Eddy St is	a multi-family dwel	ling house locate	ed on the corner of	Washington St and Eddy
St. The driveway of 74 Eddy S	St is on the Washing	ton St side. Vehi	cle was faced easte	erly across the driveway.
I observed Vehicle 1to have e	extensive damage to	the entire vehicl	le including but not	limited to the enclosed
cab area, cab roof and all wi	ndows, front end, r	ear end, along wi	th both driver and	passenger side. I also
observed city of Newton owne	ed concrete traffic	light resting on	top of the cab area	a of Vehicle 1. Upon
further observation of Vehicl	e 1 it appears that	both front tires	s and rims were flat	, heavily damaged and

had little to no tread left. Both front tires were worn down to the interior steel belt. I also observed that Vehicle 1 did not have a valid inspection sticker. Located to the immediate front of Vehicle 1 and

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issui	ing Authority Cod	35 e
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39		
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

JASON M. SCHLEGEL		1	NEWTON POLICE DEPARTM		10/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedest	ian	
Crash Diagram:	ie: →□	1	<b>→</b> [	2	→Ŷ		
						I	sh <u>Did Not</u> Occur
						on u i	dolle Way.
						Off	-Street Parking Lot
		_ _		<u></u>	<u> </u>		rage
				<u> </u> 	 		ll/Shopping Center
		ļ				☐ Oth	ner Private Way
		- -		<del></del>	<del> </del>	Indica	te North by Arrow
Crash Narrative:							
resting on the front en	d was a white fe	nce	which had	d damage con	sistent with	the impact of a	motor vehicle.
Immediately to the driv	rer's side of Veh	icl	le 1 was V	ehicle 2 des	cribed as a	2007 gray Subaru	Forester (MA
Reg 45D610. Vehicle 2 w	as facing wester	ly	across the	e driveway.	Vehicle 2 ha	d extensive dama	ge to the driver's
side front end, rear en	d, in addition to	o t	the entire	driver and	passenger s	des. At this time	e Vehicle 2's
drivers door was in con	tact with Vehicle	e 1	l's driver	s door. Both	drivers do	rs could not be	opened.The damage
to Vehicle 2 appeared t	to be consistent	wit	th impact :	from another	motor vehic	le. To immediate	passenger side of
the Vehicle 2 I observ	red Vehicle 3 des	cri	ibed as a	2011 Toyota	Rav4 color	black (MA Reg 47)	KB99).
Vehicle was facing in a	<del>-</del>						
damage to driver's side	rear quarter pa	nel	l, passenge	er side fron	t quarter pa	nel and front en	d. Also observed
(Continue	ed on next page)						
Witnesses:		_	Address			Dhana #	Statement
Name (Last, First, Middle)			Address			Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damage	d Property
Truck and Bus Information:	Registration # _			(Fror	m Vehicle Section)		35
Carrier Name						Carrier Issuing	g Authority Code
Address				City		St	Zip
US DOT #:	State Number			Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight		38			30	
Trailer Reg #:	Reg Type		Reg State _	Reg Y	ear T	ailer Length	
Hazmat Information:							
Placard 40 Material 1 of	ligit # 41 Material	Nar	ne		Material 4	digit # I	Release code 42

10/01/2020

Date

	→ Direction 1 = Vehicle 1 2 = Vehic	le 2 ♀ Pedestrian	
Crash Diagram:	ie: → 1 → 2	→Ŷ	_
		-	If Crash <u>Did Not</u> Occur on a Public Way:
			☐ Off-Street Parking Lot
			☐ Garage
			☐ Mall/Shopping Center
			☐ Other Private Way
		+	Indicate North by Arrow
		·-++	
Crash Narrative:	st corner of the dwelling of 74 Eddy	St. This area of the dwo	ling is legated adjacent

was damage to south east corner of the dwelling of 74 Eddy St. This area of the dwelling is located adjacent to the drive way. The damage appeared consistent with the impact caused by a motor vehicle. Also observed were large amounts of debris located in the area of the crash which included the sidewalk, yard and the driveway of 74 Eddy St. The debris included pieces of concrete which appeared to have been dislodged from the concrete light pole. A city of Newton no parking sign was lying in the yard of 74 Eddy St. This parking sign would have been attached to the concrete light pole due to ongoing road construction on Washington St. I also observed two tire marks on a curb stone located next the westbound lane of Washington St. These tire marks were in front of the residence of 74 Eddy St and were to the immediate left of a storm drain. The tire marks were consistent with being struck by a motor vehicle. In between the tire marks and just after the

(Continued on next page)

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:	Registration #	(From Vehic	le Section)		35
Carrier Name				Carrier Issuir	ng Authority Code
Address		City		St	
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gros	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit	#	Release code 42

JASON M. SCHLEGEL			NEWTON POLICE DEPARTM		10/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	Direction 1 = Vel	hicle 1 2 Vehicle 2	₽ Pedestrian	
				If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:  curb there was a hole in to concrete light pole was locular east bound lane easterly account of the tire marks was approximately approximately account to the tire marks was a tire to the tire marks was a tire to the tire tire to the tire tire tire to the tire tire tire tire tire tire tire tir	ated prior to impaross the westbound ximately 190 feet.	act. Tire marks wer	re located on Washing at the tire marks on cle 1 from the start	ton St traveling from the the curb. The total length of the tire mark in
eastbound travel lane of Wa	shington St travel	led 190 feet in the	e easterly direct acr	oss the westbound lane of

After conducting an on scene investigation it appears that Vehicle 1 from the start of the tire mark in eastbound travel lane of Washington St traveled 190 feet in the easterly direct across the westbound lane of Washington St and impacted the curb in front of 74 Eddy St. The tire marks had lateral striations almost the entire length indicating that the front tires were rolling and sliding with little to no braking prior to impact with the curb. After impact with the curb Vehicle 1 exited the roadway, struck a concrete light pole.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Dama	ged Property	
_	<u> </u>		•		•			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25
Truck and Bus Information:	_		(From Vehic	ele Section)		_ Carrier Issu	ing Authority Cod	35 le
			· 					le
Carrier Name			City			_ St	Zip	le
Carrier NameAddressUS DOT #:	State Number		City			_ St	Zip	le
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	le
Carrier NameAddressUS DOT #: Gross	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	le
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tra	ailer Len	St	Zip Interstate	le

JASON M. SCHLEGEL			NEWTON POLICE DEPARTM		10/01/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 =	Vehicle 1	2 =	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →	1	] →	2		<b>→</b> ĝ			
								If Crash <u>Did</u> on a Public V	
		_		_				☐ Off-Street	Parking Lot
								☐ Garage	
				- +				☐ Mall/Shop	ning Center
				_				☐ Other Priva	
		-		_	+				
		İ						Indicate Nort	h by Arrow
		-     -		- <del> </del> -	+ + 				
Crash Narrative:									
Vehicle 1 then traveled	over a sidewa!	Lk, a	across th	e yar	d of 74 E	ddy St and	into th	e driveway of	74 Eddy St.
Located in the driveway	of 74 Eddy St	were	e Vehicle	2 a	nd Vehicl	e 3. Vehicl	e 2 was	parked facing	toward the
rear of 74 Eddy St. Vehi	icle 3 located	to t	the passe	nger	side of V	ehicle 2 an	d was pa	rked facing to	owards
Washington St. When Veh	nicle 1 entered	d the	e drivewa	y it	struck Ve	hicle 2. Th	e force	of the impact	of Vehicle 1
striking Vehicle 2 cause	ed Vehicle 2 to	o st	rike Vehi	cle 3	. The for	ce of the i	mpact of	Vehicle 2 str	riking
Vehicle 3 caused Vehicle	3 to strike t	the s	southeast	corne	er of the	dwelling 1	ocated a	t 74 Elliot St	c. Vehicle 1
continued across the dri	ive way and str	ruck	a white	fence	before c	oming to fi	nal rest	. Vehicle trav	reled a
approximately 55 feet fr			ally stru	ck to	the curb	till final	rest.		
No other injuries were i	reported on sce d on next page)								
	1 On Heat Page,	,							
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
-									
Property Damage:  Owner (Last, First, Middle)	Address				Phone #	34-Type	Description	n of Damaged Proper	rtv
								, 0 ,	<u>,                                    </u>
				+					
Truck and Bus Information:	Registration	#			(From	Vehicle Section)			
Carrier Name	_						(	Carrier Issuing Author	rity Code 35
Address				Cit	у			St Zi	ip
US DOT #:	State Number			I	ssuing State _	ICC #:_		Intersta	36
Cargo Body Type Code 37	Gross Vehicle Weight		38						
Trailer Reg #:	Reg Type		Reg State	·	Reg Yea	r Tr	ailer Length	39	
Hazmat Information:									
Placard 40 Material 1 di	git # 41 Materi	ial Naı	me			Material 4 o	digit #	Release of	code 42

<b>→</b> Di	rection	1 =	Vehicle 1	2 =	Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →	1	_	2	→	· ĝ			
								If Crash <u>Did Not</u> On a Public Way:	Occur
		_						☐ Off-Street Parking	g Lot
	 							☐ Garage	
	 	į		į	į	j		☐ Mall/Shopping Co	enter
		_ -		-+				☐ Other Private Way	7
		_ -						Indicate North by A	rrow
	 			-+					
								( )	
Crash Narrative:				<u> </u>	,	1			
All involved vehicles were to	wed from	the	scene b	y Tod	y's Towing.				
After the investigation the op	perator o	of Ve	ehicle 1	Kyle	Butler was i	ssued Ci	tations	T2015882 and T2015	883 for:
Mgl 90/24/O Recklass Operation	n of a Mo	otor	Vehicle	•					
Mgl 89/4B/A Failure to Operate	e in the	Righ	nt Lane						
Mgl 90/20 Failure to Submit a	Motor Ve	ehic	le for I	nspec	tion				
Mgl 90/7 Defective Equipment	(worn fro	ont t	tire tre	eads)					
Mgl 90/13A Failure to wear a	seatbelt								
An immediate threat form was a			ith the	MA RM	٧.				
(Continued on ne	ext page	)							
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Nume (East, First, Wildale)			Addiess					THORE #	Statement
Property Damage: Owner (Last, First, Middle)	Address				Phone #	34-Type	Description	on of Damaged Property	
Owner (East, First, Middle)	Madicis				THORE #	эт турс	Description	on or burnaged Property	
					(From Vehi				35
Carrier Name								Carrier Issuing Authority Cod	e
AddressState					Ity				36
37	hicle Weight		38		issuing state	ICC #		Interstate	
			Dog Sta	ı to	Dog Voor	Т.,	ilan I an atl	39	
Trailer Reg #: :  Hazmat Information:	neg rype		Keg 518		Keg i ear	1ra	mei Lengti		
Placard 40 Material 1 digit #	41 Mater	ial Nar	ne			Material 4	ligit#	Release code	42
JASON M. SCHLEGEL					NEWTO	N POLICE DEPART?		10/01/2	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestriar	1	
Crash Diagram:	ie: →□	1	2	₽Ŷ		
					If Crash <u>Did Not</u> Oo on a Public Way:	
					☐ Garage	
		-				
					☐ Mall/Shopping Cen	iter
					☐ Other Private Way	
					Indicate North by Arr	row
į į	į		į	į		
Crash Narrative:						
Please see incident repor	rt #200440 rega:	rding charges	•			
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
22 (2.2.4			1			
Truck and Bus Information:	Registration # _		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
37	ross Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length	
Hazmat Information:  40	41					42
Placard Material 1 digi	t # Material	Name		Material 4 dig	it # Release code	
JASON M. SCHLEGEL			NEV	VTON POLICE DEPARTM	10/01/202	20
Police Officer Name (Please Print)	Signatu	re	ID/Badge # D	Department	Precinct/Barracks Date	

CDP1 11 ·24·00