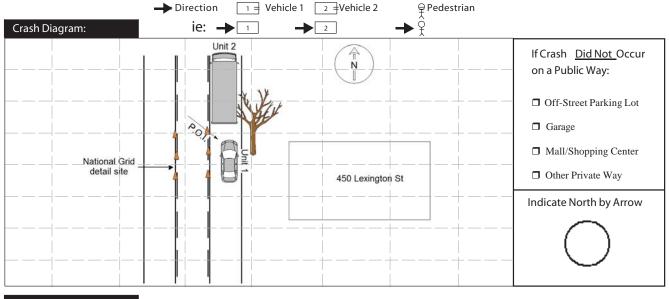
	Poli	ce Use Only		Common	ıwealth	of Ma	issac	chuse	etts			RMV	/ Docu	ment N	Number	
	Date of Crash 10/19/2020	Time of Crash 19:30	City/Tov NEWTON	vn M	otor V	ehicle (Crasl	h Nu	mber hicles	Number		d Limit ude		State	Police al Police ΓΑ Police	□ X ì
	10/19/2020	19:30 24HR	NEWION		Police	Repo	rt	2		0		gitude_		Othe	r: Police	
		AT INTER	SECTION:	<	LOC	CATION	>			NOT	AT	INTE	ERSE	CTIC	N:	
						N	ORTH	450		LEXING	TON 9	ST				┈
1 L	Route# Direc	tion	Name of	Roadway/Street		Route# D	Direction	Addres	s#		Nar	ne of R	oadway.	/Street		=
	At					Feet NSEW of • or							╌			
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									
			Also at Inters	ection with		_ F	eet N S	S E W	of	Route#	I	ntersect	ting Roa	adway/S	Street	-
1						_	eet N S	S E W	of				0	,		
Route# Direction Name of Intersecting Roadway/Street					Landmark											
99	XVehicle1	1_#Occupants	X Hit/Run	Moped	Case Num	ber		20000	00602							
	License#		St MA	DOB/Age	Re	g # 853ZB9				Reg Tvt	e PAN	J	Reg	State 1	MA	
	Sex_F Lic.	18 18		19		h Year 2012									20	_
.]	Operator ALV		ANNE	Endorsn	nent	ner (Same a	s operato									-
1	Address 26 OV	VATONNA ST	First	Middle			Last			First			Middl	e		¯ -
	City_NEWTO			te_MA _ Zip_02466	Cit	Address City StateZip										
	Insurance Com	THE COMMERCE INCHES ANCE CO						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency	y?N Ev	ent Sequence	21 22 5	99 22		22 2		3		4		
		ssued)				ost Harmful E		23				9			Undercarr	riage
	Violation	1: ChSec	Violation	2: ChSec	Dr	iver Contribut			24 99	24		/ ') 11	Totaled	
1	Violation	3: ChSec	Violation	4: ChSec	Un	derride/Overr	ide	25	Towed	N 8		7		6		
	Please fill out for operator and all occupants involved							26 Seat	27 Safety A	28 29 irbag Airba	30 Eject	31 Trap Code	32 Injury Tr	33 ansp.		\neg
	Name (Last Fir Operator	st Middle)		Addres See Abo		Age/D		ex Pos.	System S	Status Switc	n Code 0	Code :	\$tatus C 10 1	ode M	Iedical Facili	ity
	*															
1	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motoris	st A Type	14 Action	15	Location	1	Condi	tion	17	ХН	it/Run	Мор	ed
	License #		St	DOP/Ago	geReg #_UNK			Reg Tyne				Reg State_MA			┪	
License # 18				19								Veh Config. 13			-	
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1	Address	Last	First	Middle		dress				First			Middl	e		_
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Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)						Most Herroful Event 2d 23								riage		
	· ·			n 2: ChSec		iver Contribut			24 99	24	←	9		5 11	Totaled	
				1 2: ChSec		derride/Overr		25	Towed_	—, ∖		7	لا	6		
				occupants involve					27 Safety A		g 30 Eject	31 Trap	32 Injury Tr	33 ansp.		\dashv
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	Addre See Abov		Age/I		Sex Pos.	System	Status Swit	ch Code	Code		Code 1	Medical Faci	lity
	Орегают	1 1011-1410101181		See Addi	••								\vdash			
							-+						\vdash			



Crash Narrative:

Operator #1 was driving northbound on Lexington St behind a white box truck (vehicle #2) when she observed the truck strike a large branch from a city tree in front of 450 Lexington St. The branch fell onto the hood of vehicle #1, and the truck continued north without stopping.

I observed slight damage to the front of vehicle #1 however a tow was not needed. Medics responded and documented a patient refusal from operator #1. This incident was called in by detail Officer B. Keefe, who was working a National Grid detail at this location (one lane was blocked off by cones but there was still a full travel lane being utilized for northbound traffic). A plate could not be obtained by anybody on scene due to the crash occurring so quickly. It is believed that there was black lettering on the truck, however what it said is unknown.

(Continued on next page)

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)	Address		Phone	Phone #				
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property		
Truck and Bus Information: Registration #							e 35	
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	Tra				
Hazmat Information:								
Placard 40 Material 1 digit #	me		Material 4	digit #	_ Release code	42		

KELEIGH N DONAHUE		NEWTON POLICE DEPARTM	10/19/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestri	ian		
Crash Diagram:	ie: →□	1 -	2 →	Ŷ			
						rash <u>Did Not</u> C a Public Way:	Occur
						Off-Street Parking	Lot
						Garage	Lot
		-		+			
		- <u> </u> <u> </u>		<u>i</u>		Mall/Shopping Ce	
						Other Private Way	
					Indi	cate North by Aı —	rrow
			+-	+	- — —		
		 -	_ — — — —				
Crash Narrative:							
Forestry was notified to	remove the bran	nch from the r	coadway.				
Witnesses:							
Name (Last, First, Middle)		Address			Phone :	#	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Dama	ged Property	
Truck and Bus Information:							
Carrier Name	Registration # _		(From Veh	icle Section)	Carrier Issi	uing Authority Code	35
			G':			-	
Address							36
US DOT #:		38	Issuing State	ICC #:		Interstate	
Cargo Body Type Code	Bross Vehicle Weight				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information: 40	41						42
Placard Material 1 dig	it # Material	Name		_ Material 4 d	ligit #	_ Release code	72
	_						
KELEIGH N DONAHUE			NEWTO	ON POLICE DEPARTM		10/19/20)20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)