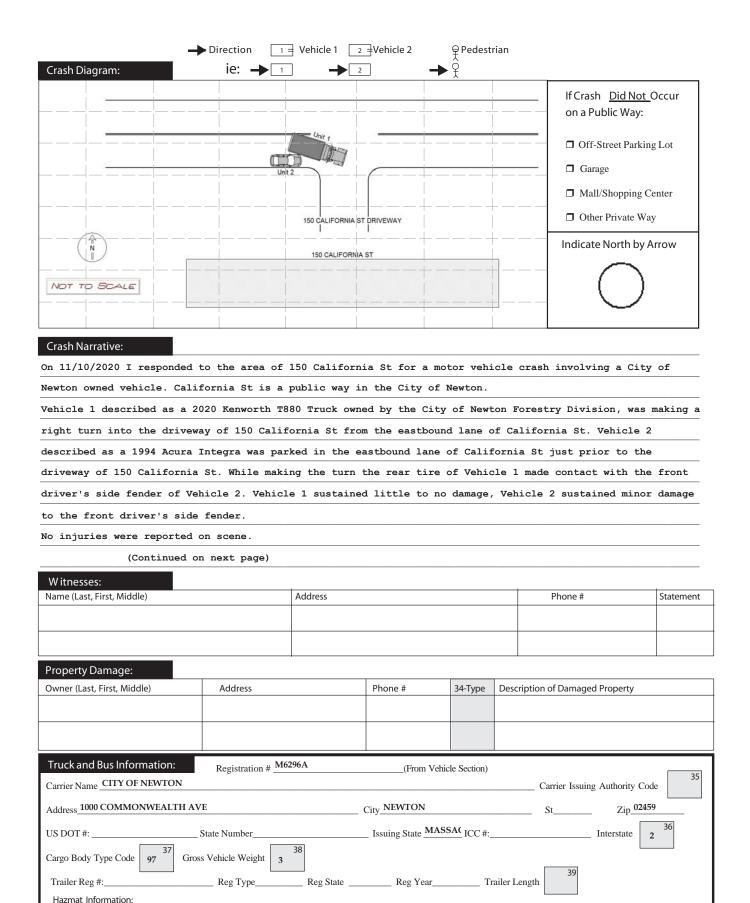
	Poli	ce Use Only		Commonweal	lth o	f Massa	achi	usett	S		RMV	V Docum	ient Number	
	Date of Crash 11/10/2020	Time of Crash 09:29 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicle 2		ed Lat	ed Limi itude ngitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		OCAT		>		N(	T AT	INTI	ERSEC	CTION:	2
						EAST	15	0	CALI	FORNI	A ST			
<b>1</b>	Route# Direc	Route# Direction Name of Roadway/Street  At			Route# Direction Address # Name of Roadway/Street						Street	_ 2 <sup>1</sup>		
	A.			Feet NSEW of or Mile Marker Exit Number								-		
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of								
2 <b>1</b>					Route# Intersecting Roadway/Street  Feet N S E W of									
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	License#	10 1	St_MA		Reg # M6296A Reg Type MVN Reg State MA								_	
	Sex_M_ Lic.	Class B 18 1	Lic. Restrictions	19 CDL	Veh Ye	ar_2020	Ve	h Make_	(ENEW	ORTH		Veh Con	afig. 7 20	
4 1	Operator HIB	Last	RICHARD First	Middle		NEWTON Las	t	CITY	First		Ol	Middle		- <b>1</b>
	Address 3 DU			MA 7: 01562		S 1000 COMM	UNWE	ALTH A				MA	02459	-
	City SPENCER SELF INSURED					City NEWTON State MA Zip 02459  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
5	Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Vehicle Travel Direction: NSXW Responding to Emergency? N  Event Sequence 2 22 22 22 22								22	2	3		4	
2		ssued)		<i>3 3 7</i> <u></u>		armful Event	23	3					10 Undercarri	iage
-	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 9 24 24													
<sup>6</sup> 1				: ChSec	Underri	de/Override	25	Tow	ed N	8	7		6	
	Please : Name (Last Fir		ator and all occupa	ants involved Address		Age/DOB	Sex	26 Seat Safety Pos. System	28 Airbag A n Status \$	29 3 irbag Eje witch Coo	0 31 ct Trap le Code	32 Injury Tran Status Coo	33 nsp. de Medical Facili	1 <b>2</b>
	Operator			See Above				1	4	4 0	0	10 1		
7							<u> </u>							
1	Please Select C of the Followi	I A Venicle	2 _0_# Occupants	Non-Motorist A Type	14	Action 1	5 Loc	ation	16 Co	ndition	17	Hit	/Run Mop	ed
	License#	License#StDOB/Age			Reg # 7NX461 Reg					Type PAN Reg State MA			State_MA	_
	Sex Lic.	Class 18 18	Lic. Restrictions	CDL	Veh Year 1994 Veh Make ACU				ACURA	URA Veh Config. 20				
8 <b>1</b>	Operator	Last	First	Endorsment Owner GOMES AREN  First Middle Last First Middle								-		
Address Address Address														
	CityStateZip					City NEW BEDFORD State MA Zip 02740  Value Action Prior to Crosh Damaged Area Code: (Circle Up to Thr							ee)	
	Insurance Company COMMERCE  Vehicle Travel Direction: N S W W Responding to Emergency? N					22 22 22 22 3 4								
							1 23	23 10 Undercarria 5 11 Totaled						iage
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24								5 11 Totaled					
Violation 3: ChSec Violation 4: ChSec Underride/Override									7 6					
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. Syste	28 Airbag A m Status	29 Switch Co	0 31 Trap de Code	Injury [Fran	33 nsp. ode Medical Facil	lity
		Non-Motorist		See Above					$\prod$					



 JASON M. SCHLEGEL
 NEWTON POLICE DEPARTA
 11/10/2020

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

\_\_\_\_\_ Material 4 digit # \_\_\_\_\_

Release code

Placard

Material 1 digit #

Material Name\_

	→ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2 -	₽Ŷ		
						h <u>Did Not</u> Occur ublic Way:
					off	-Street Parking Lot
					☐ Gai	
						ll/Shopping Center
		-		+		
						er Private Way
					Indicat	e North by Arrow
	i	-ii		<del>-</del>	- — —	$\bigcirc$
Crash Narrative:				-	•	
No tows were required.						
Pictures were taken and	were submitted	to the IT Bure				
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damageo	l Property
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name	Registration "		(From ve	,	Carrier Issuing	g Authority Code
Address			City		St	Zip
US DOT #:			•			36
37		38	issuing state	ICC #:		incistate
	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	niler Length	
Hazmat Information:  40	41					42
Placard Material 1 dig	it # Material	Name		Material 4 d	ligit # F	elease code
JASON M. SCHLEGEL			NEW	TON POLICE DEPARTM		11/10/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)