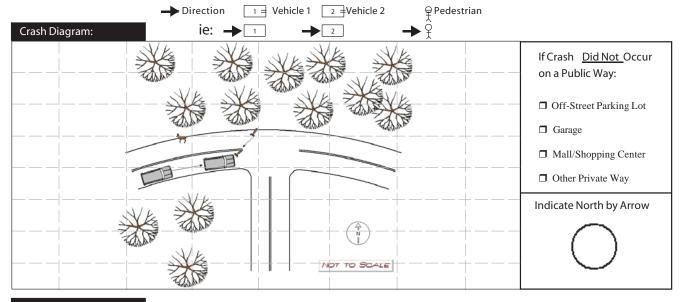
	Date of Crash							achi								
	11/12/2020	Time of Crash 17:45	City/To NEWTON	wn M	otor V	ehic	cle Cra	sh	Numb Vehicl			Speed Li Latitude		- Si	tate Police ocal Police ABTA Police	□ Xi
┖	11/12/2020	24HR	NEWTON				eport		1	0		Longitud			ABTA Police Other:	
		AT INTER	SECTION:	<	LO	CATI	ION	>		N	OT A	T IN	ΓERS	ECT	ION:	
							EAST	210	0	NAI	HANTO	ON ST				ŀ
	Route# Direct	ion	Name of	Roadway/Street		— Ro	oute# Direction	on A	ddress #			Name o	f Roadw	ay/Str	eet	_
\dashv	At						Feet NSEW of or							_		
-	Route# Direct	ion N	Jame of Intersectin	ig Roadway/Street		- -		1012		Mi	le Mark	cer	or	Е	Exit Number	_
-			Also at Inter			_ -	Feet N	N S E	W of	Ro	ute# _	Inters	ecting F	oadwa	ay/Street	_
-						_ _	Feet	N S E	W of	100	accii	mers	ceimg i	.oud wu	iy/Bireet	
<u> </u>	Route# Direction Name of Intersecting Roadway/Street						Landmark									
	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Num	nber		2	.0000006	53						
7	License#		St M.	A DOB/Age	D	eg# <u>7</u> F	1Z286			Pag	Tuno	PAN	D	og Stat	to MA	
	Sex_M_ Lic. C	18 18 18		19		-	r 2017		h Malaa						20	-
			LUCAS	Endorsn ALLEN	nent		NATHANSO		CAR		t		— V СП А	Coming	;· [ŀ
<u>. </u>	Operator NAT	Last REENWOOD S'	First	Middle			Lasi	I		Firs	t			ddle		_
	City NEWTON			ate_MA Zip_02459			ty NEWTON CENTER State MA Zip 02459							-		
	,	oany QUINCY M		ateZip_ <u>====</u>			Action Prior to			21				-	cle Up to Thre	ree)
_	•	Direction: N		onding to Emergence				22 2	1	22	2		3	4	•	
				onding to Emergenc	-		equence 5 2	_ 23	3]						10 Undercarr	riage
		sued)		2: ChSec			rmful Event	5	1 24	24	⊕	-	9	5	11 Totaled	
							Contributing Co	25 25][F]	wed N	0		7	6		
+	Violation 3: ChSec Violation 4: ChSec Under Please fill out for operator and all occupants involved						le/Override				29	30 3 Eject Trap	1 32 Injury	33 Transp.		\dashv
-	Name (Last First		1	Addre			Age/DOB	Sex		27 28 ety Airbag em Status		Code Cod		Code	Medical Facili	ity
-	Operator			See Abo	ove				1	4	4	0 0	10	1		
-								-								
L																
	Please Select O	Vehicle	# Occupan	ts Non-Motori	st A Type	14	Action 1	15	eation	16	onditio	n 1'	7	Hit/Ru	un Mop	ned
	of the Followin	g: Termere			ser. Type									,		-
]	License # St DOB/Age				R	eg # Reg Type Reg State 20					-					
_	Sex Lic. C	Class	Lic. Restriction		nent		r		h Make_				Veh	Config	7.	
(Operator Ov						vnerLast First Middle							-		
	Address Address						ddress							-		
_ ['	City State Zip City					CityStateZip										
1						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							ree)			
	Vehicle Travel Direction: NSEW Responding to Emergency? Ever					vent Se	ent Sequence 22 22 22 22 2 3 4 10 Undercarriage						ringa			
- [Citation # (If Issued) Most					Iost Ha	ost Harmful Event 1 4 9 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec Drive						iver Contributing Code 24 24 7 6									
Ţ	Violation	nderrid	le/Override		Tow			26	,							
	Ple Name (Last Fire		operator and all	occupants involve			Age/DOB		26 Seat Safe Pos. Sys	27 Ety Airbag Stem Status	29 Airbag Switch	30 3 Eject Trap Code Co		Transp. Code		ility
		Non-Motorist		See Abo												
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Crash Narrative:

On Thursday 11/12/20 at approximately 1745 hours while working marked unit n499 I was dispatched to the area of 210 Nahanton Street for a report of a vehicle striking a deer.

Upon arrival I observed a deceased deer in the breakdown lane of the westbound side of Nahanton Street diagonally across from 210 Nahanton Street. Parked in the entrance to 210 Nahanton Street was a Hyundai Sante Fe bearing Mass registration 7HZ286 operated by NATHANSON Lucas. Lucas stated to me he was travelling eastbound on Nahanton Street when a deer came on to the road from the woods on the westbound side of the road. he states the deer ran in front of his vehicle causing him to strike the deer. The collision caused damage to the front drivers side of the vehicle as well as to the hood. Lucas was uninjured, however the deer was deceased. The deer was removed from the road by a good Samaritan.

Witnesses:						
Name (Last, First, Middle)	Address		Phone #	Statement		
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged	l Property
Truck and Bus Information:	D			. 1 . 0	<u>I</u>	
Carrier Name	Registration #				Carrier Issuing	Authority Code 35
Address			City		St	Zip
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	Tı		
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	me		_ Material 4	digit#R	telease code 42