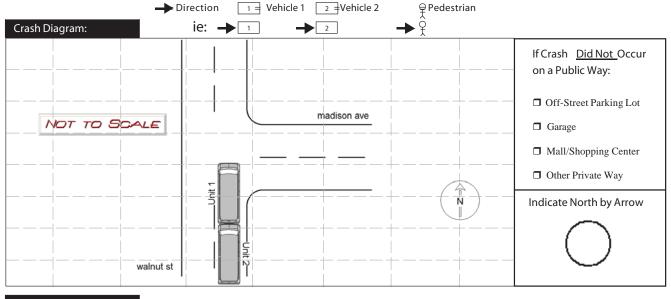
Date of Crash   Time of Conds   2008   NSWTON   Notice   Crash   Police Report	Poli	ce Use Only		Comm	nonweal	lth o	f Massa	achu	setts	<b>S</b>		RM	V Docu	ıment N	Number	
ATINTERSECTION:    Continue			1	Γown	Motor	Vehi	icle Cra	sh						State	Police	□ Xì
Routed   Direction   Name of Readway/Street   Routed   Direction   Name of Readway/Street   Address   Peet   Name of Readway/Street	11/14/2020				Pol	ice F	Report			1 3				Othe	r:	
Routed Direction Name of Roadway/Street Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Note Action Piot to Crash Name of Roadway/Street Note Company Note Com		AT INTE	RSECTION		< L	OCAT	TION :	>		N	OT A	T INT	ERSE	CTIO	N:	
Routed Direction  Name of Intersecting Roadway/Street  Also al Intersecting Roadway/Street  Also al Intersecting Roadway/Street  Peet N S E W of Routed Direction  Name of Intersecting Roadway/Street    Routed Direction   Name of Intersecting Roadway/Street							NORTH	303		WAI	NUT S	ST				ŀ
Routed Direction  Name of Intersecting Roadway/Street  Also al Intersecting Roadway/Street  Also al Intersecting Roadway/Street  Peet N S E W of Routed Direction  Name of Intersecting Roadway/Street    Routed Direction   Name of Intersecting Roadway/Street	Route# Direct	tion	Name	of Roadway/Street	:	F	Route# Direction	on Ado	dress #		]	Name of I	Roadway	y/Street		<b>-</b> ⊦
Route® Direction Name of Intersecting Roadway/Street Alio of Intersecting Roadway/Street Alio of Intersecting Roadway/Street Alio of Intersecting Roadway/Street Peer N S   N   N   N   Route® Intersecting Roadway/Street    N   N   N   N				At			Feet N	NSE	w of			•	or			_
Abo at Intersection with    Feet   N   S   W   of   Routed   Intersecting Roadway/Street	Route# Direc	tion 1	Name of Intersec	ting Roadway/Stre	et	— [-				Mi	le Marke	er		Exit	Number	_
Route# Disection  Name of Intersecting Roadway/Street    Name of Intersecting Roadway/Street   Landmark						_ -	Feet N	SE	w of	Roi	ıte#	Intersed	ting Ro	adway/S	Street	-
December   St.   MA   DOB/Age   Case Number   2000000655	<b>]</b>					-	Feet N	SE	W of	100		11110150	ring reo	aa.ray.b		
License #	Route# Direct	tion	Name of Inter	secting Roadway/S	Street							La	ndmark			4
Sex M   Lic Class   D   B   B   Lic Restrictions   1   CDL   Endorsment	XVehicle1	#Occupants	Hit/Ru	n Mope	ed Case N	lumber		20	0000065	5						- 1
Sex M   Lic Class   D   B   B   Lic Restrictions   1   CDL   Endorsment	License#		St <sup>1</sup>	MA DOB/Age		Reg# N	M98131			Reg	Type N	//VN	Res	State N	MA	
Operator   DRACONETT   PAUL   Endocsment   Owner CITY OF NEWTON   FIRE   Tree   Address   43 SYCAMORE ST   Address   43 SYCAMORE ST   Address   43 SYCAMORE ST   Address   43 SYCAMORE ST   State MA Zip 02478   City NEWTON   State MA Zip 0248   City New Zip Ne		Class D 18	18	19				Veh	Make F	-			_	· [	20	_
Address 43 SYVAMORE ST  City BELMONT  Insurance Company SELF INSURED  Vehicle Travel Direction:				Ene	dorsment											I
City BELMONT  Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Vehicle Action P	Address 43 SY	CAMORE ST	First	1	Middle		Las			First			Middl	le		-
Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:			!	State MA Zin (	02478							State	MA	Zip 024	459	-
Vehicle Travel Direction:				2.p _		-		Crash	1	21				-		ee)
Citation # (If Issued)  Violation 2: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24 24	<b>⊣</b>			sponding to Emer	rgency? N		1			22	2	3		4		
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24 24				-18				23					Λ			iage
Violation 3: Ch. Sec_ Violation 4: Ch. Sec_ Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Operator  See Above  Please Select One of the Following:  License # — St. MA DOB/Age — Reg # BDK338  Sex F Lic. Class D 18 18 Lic. Restrictions  License # — St. Ch. Sec_ Violation 2: Ch. Sec_ Violation 4: Ch. Sec_ Violation 4: Ch. Sec_ Underride/Override  Please Fill out for operator and all occupants involved  Address Age Tope PAN Reg State MA  Sex F Lic. Class D 18 18 Lic. Restrictions  License # — St. MA DOB/Age — Reg # BDK338  Reg Type PAN Reg State MA  Sex F Lic. Class D 18 18 Lic. Restrictions  Operator BROWN  KYLA  Owner BROWN  Last MA Zip 02135  City BRIGHTON  State MA Zip 02135  Opiver Contributing Code 1 2 24 24 24 24 24 24 24 24 24 24 24 24 2	,			on 2: Ch Se	ec		L		9 24	24	<b>U ←</b>	•     9		5 11	Totaled	
Please fill out for operator and all occupants involved    Name (Last First Middle)   Address   AgeDOB   Sex   Ploz. System Battes Prints   Biget   Time   Biget   Big							Г			ed Y	8	7		6		
Please Select One of the Following:    Vehicle 2		fill out for oper	rator and all occ	cupants involved	<u> </u>						29 Airbag E	30 31	32 Injury Tr	33 ransp		一
Please Select One of the Following:    Non-Motorist A Type		st Middle)						Sex P					Status C	Code M	ledical Facili	ty
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type	1								-	1	1 0		10	_		$\dashv$
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																_
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																_
of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type																
Sex_F_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		I X Vehicle	e2 <u>1</u> #Occupa	ants Non-Me	otorist A Type	14		5 Loca	tion	16 Co	ondition	17	Пн	lit/Run	Мор	ed
Sex F Lic. Class   D	License#					Reg#_8	3DK338			Reg	Type_P	'AN	Reg	g State_	MA	_
Operator BROWN KYLA  Address 85 STRATHMORE RD (apt. 4)  City BRIGHTON  State MA Zip 02135  Insurance Company GEICO  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Owner BROWN  Last First Middle  Address 85 (apt. 4) STRATHMORE RD  City BRIGHTON  State MA Zip 02135  City BRIGHTON  State MA Zip 02135  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	Sex_F_ Lic. 0			ons 1 CI		Veh Ye	ear_2006	Veh	Make_C	HRYS	LER		_ Veh C	onfig.		
Address 85 STRATHMORE RD (apt. 4)  City BRIGHTON  State MA Zip 02135  City BRIGHTON  State MA Zip 02135  Insurance Company GEICO  Vehicle Action Prior to Crash  Vehicle Action Prior to C	Operator BRC	OWN				Owner	BROWN		JACO				Middle	1-		_
Insurance Company GEICO  Vehicle Action Prior to Crash  Vehicl	Address 85 ST	RATHMORE I	RD (apt. 4)		Middle	Address	85 (apt. 4) ST	RATHN	ORE R	D			Middi	ie		_
Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	City BRIGHT	ON	:	State MA Zip C	02135	City B	RIGHTON					State	MA	Zip <u>02</u> 2	135	_
Vehicle Iravel Direction: X S E W Responding to Emergency? Event Sequence 1	Insurance Com	pany GEICO				Vehicle	Action Prior to	Crash	2	21	Dama	iged Area	Code: (	(Circle U	Up to Thre	ee)
Citation # (If Issued) Most Harmful Event 1	Vehicle Travel	Direction:	SEW	Responding to Eme	ergency?N	Event S	Sequence 1 2	22	22	22	2	3		<b>4</b>		
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y 8 7 6  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	Citation # (If Is	ssued)				Most H	Iarmful Event	1 23			1 4	_   \	$\langle    $			iage
Violation 3: ChSec Violation 4: ChSec Underride/Override	Violatio	n 1: ChS	Sec Violat	ion 2: ChS	Sec	Driver	Contributing Co	ode 1	24	24		- //i	$\bigvee$			
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility	Violation	n 3: ChS	Sec Viola	ion 4: ChS	Sec	Underri	ide/Override	25	Towe	d_Y	8	7		6		
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System Status Switch Code Code Status Code Medical Facility			r operator and a				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			28 Airbag	29 Airbag E	30 31 ject Trap	32 Injury Ti	ransp.	ALE TO T	1:4
							Age/DOB	Sex 1				Code Code	Status		viedical Facil	nty
	-															$\dashv$
										+						$\dashv$



## Crash Narrative:

ON 11-14-20 AT APPROX. 1208HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 306 WALNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALNUT ST. HE STATES VEHICLE #2 STOPPED ABRUPTLY TO LET SOMEONE BACK INTO A PARKING SPOT AND HE WAS UNABLE TO AVOID HITTING HER. VEHICLE #2 STATES SHE WAS TRAVELING N-BOUND ON WALNUT ST. AND HAD STOPPED TO LET SOMEONE INTO A PARKING SPOT. WHILE STOPPED SHE WAS HIT FROM BEHIND BY VEHICLE #1. VEHICLE #1 HAD NO VISIBLE DAMAGE. VEHICLE #2 HAD MINOR REAR BUMPER DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. PICTURES WERE TAKEN AND PLACED INTO I.T. BOX. ALL VEHICLES WERE OPERATIONAL AND DID NOT REQUIRE A TOW. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	ption of Damage	d Property	
_								
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				2.5
Carrier Name						Carrier Issuin	g Authority Cod	e 35
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Ler	ngth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nat	me		Material 4	digit#_	1	Release code	42
l								

THOMAS P WALSH		NEWTON POLICE DEPARTM	11/14/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date