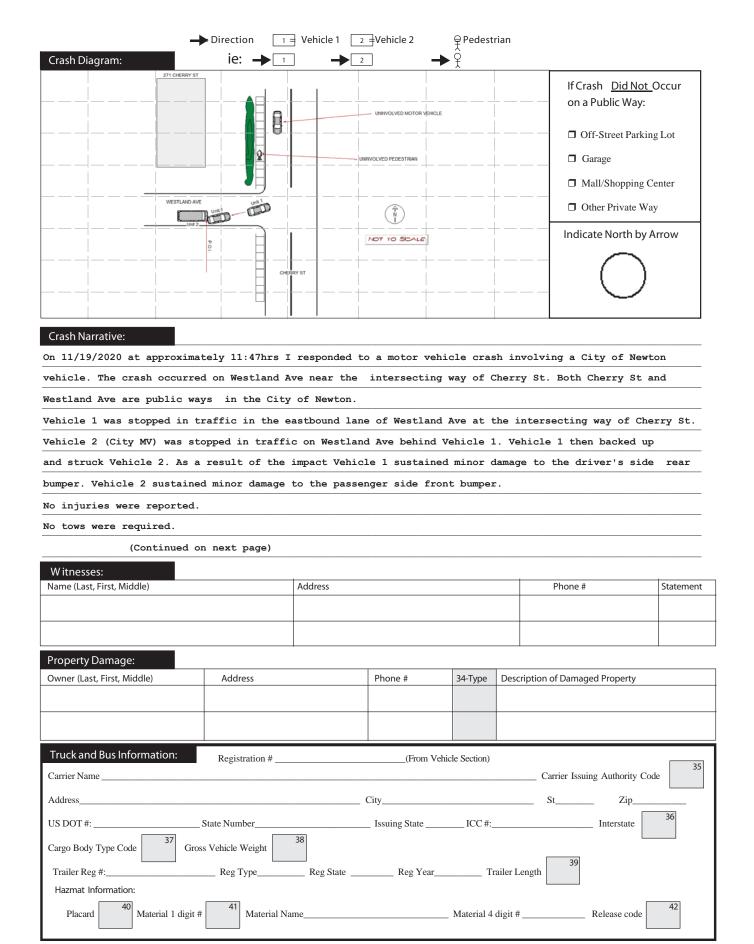
	Poli	ice Use Only		Comn	nonweal	lth o	f Mass	ach	use	etts			RN	IV Do	cumer	ıt Number	
	Date of Crash Time of Crash City/Town MI/19/2020 11:47 NEWTON				Motor Vehicle Crash Police Report			Number Number Vehicles Injured		red L	peed Lii atitude			State Police Local Police MBTA Police Other:	Xi		
						lice Report 2 0 Longitude Other: LOCATION > NOT AT INTERSECTION:								\neg \vdash			
	NOR					П											2
1 1	NORTH CHERRY ST				Route# Direction Address # Name of Roadway/Street												
					Feet NSEW of or Mile Marker Exit :							Exit Number	-				
	Route# Direc	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of								_		
2						Route# Intersecting Roadway/Street Feet N S E W of											- ├
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark										2	
3	Wehicle 1 _1 #Occupants							Lanumark									
			St ¹	//A · ·			DET 271				_	_ T	DANI			MA	-
	License#	18 18	8	19		Reg # 3ET271 Reg Type PAN Reg State MA 100 PA 100 PA 20								-			
4	Sex_M Lic. (Lic. Restricti YANCY		DL ndorsment	Veh Year 2012 Veh Make HONDA Veh Config. 1											\vdash
⁴ 1	Operator YAC	Last VESTLAND AVI	First		Middle	Owner (Same as operator) Last First Middle											- 1
		00 WESTLAND AVE					S										-
	City WEST NEWTON State MA Zip 02465					CityStateZip											
5	Insurance Company USAA Vehicle Travel Direction: NSWW Responding to Emergency? N					Vehicle Action Prior to Crash 10 Damaged Area Code: (Circle Up to Three)											
1	Vehicle Travel	Direction: N	S X W Re	sponding to Em	ergency?_N	Event S	Sequence 1		3						了.	10 Undercarr	riage
	,	ssued)				Most H	Iarmful Event	1 1		04	24	1	-]	9	5	11 Totaled	lage
6	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver	Contributing C		9/	24		8		7	ഽ)	
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed N										
	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							ity 1					
	Operator			See	e Above					1	4	4 (0	10	1		
⁷ 3	Please Select C	IX Vehicle	2 <u>2</u> #Occupa	unts Non-A	Motorist A Type	2 14	4 Action	15 Loc	cation	1	.6 Co	ndition	1'	7	Hit/R	un Mop	oed
	MA					Reg # M95274 Reg Type MVN Reg State MA							_				
	18 18 19					20							-				
8	Sex_M Lic. Class B Lic. Restrictions K CDL Endorsment Operator RINES KENNETH					Veh Year 2015 Veh Make FORD Veh Config. 2 Owner CITY OF NEWTON BUILDING DEPT.											
1	Operator INVES RENUETH Last First Middle Address 52 ELLITO ST					Owner CITY OF NEWTON BUILDING DEFT. Last First Middle Address 52 ELLIOT AT.									-		
															-		
		City NEWTON State MA Zip 02465					City NEWTON State MA Zip 02461 Vehicle Action Prior to Crosh 21 Damaged Area Code: (Circle Up to Three)									- ee)	
	Insurance Company SELF INSURED						Action Prior to		1	2 21		D ania		3	4. (CHC	op to rillt	
	Citation # (If Issued)						Sequence 1	2	3							10 Undercarr	riage
						Most Harmful Event 1 24 24 5 11 Totaled											
		Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec					Driver Contributing Code 1										
ſ	Violatio	Underride/Override Towed N															
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety ! System	28 Airbag A Status	29 Lirbag Switch	30 Trap		Transp s Code		lity
,	Operator/	Non-Motorist			e Above					1	4	4 (0	10	1		
	BRADLEY, JO	NATHAN	I	2 ELLIOT ST IEWTON, MA 0	2464			M	3	1_	4	4 0	0	10	1	<u> </u>	
										\vdash							



-	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestri	an		
Crash Diagram:	ie: → 🗆	→	2	Ŷ			
					If Crash <u>Did Not</u> on a Public Way:	Occur	
					☐ Off-Street Parkir	ig Lot	
					☐ Garage		
					☐ Mall/Shopping C	'enter	
					☐ Other Private Wa		
					Indicate North by	Arrow	
	_			+	·		
Crash Narrative:							
Photos were taken and sub							
The operator of Vehicle 1							
					f 271 Cherry St. The opera		
Vehicle 1 stated that he						St and a	
vehicle traveling southbo		<u>_</u>		1 stated	that upon observing the		
pedestrian and vehicle he	backed up and	struck Vehicl	le 2.				
Witnesses:		1				1.	
Name (Last, First, Middle)		Address			Phone #	Statement	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged Property		
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name	Tegistration #		(From York	Carrier Issuing Authority Co	_ Carrier Issuing Authority Code		
Address			City		St Zip		
US DOT #:	_State Number		Issuing State	ICC #:	Interstate	36	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iller Length 39		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material N	[ame		Material 4 d	ligit # Release code	42	
IASON M. SCHLEGEL				N POLICE DEPARTA	11/19/	2020	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)