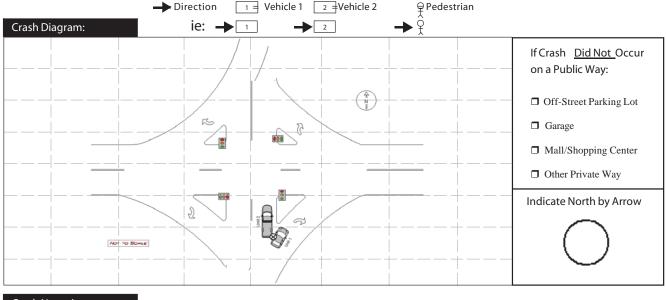
	Poli	ce Use Only		Commonwea	alth (of Massa	achı	ıset	ts		RM	V Docur	ment Number	
	Date of Crash 11/23/2020	Time of Crash 12:11	City/Tov NEWTON	wn Motor	Veh	icle Cra	sh	Numl	- 1		peed Lim		State Police Local Police MBTA Police	N N
	11/23/2020	24HR				Report		2	0		ongitude		Other:	
		AT INTER	SECTION:	<]	LOCA	TION	>		N	OT A	T INT	ERSE	CTION:	2
	NOR	TH WALNU	JT ST											2
1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ac	ddress #	ŧ		Name of I	Roadway	/Street	2 10
	At EAST BEACON ST				Feet NSEW of • or							_ -		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Numb							Exit Number	-
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								- <u>11</u>
² 3	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								4
3	[V]	4 #6	Landmark									\dashv		
	A Vehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		20	0000006	669					_
	License#	18 18	St MA	DOB/Age	_	949DV4							State MA	_
	Sex_M_ Lic. 0	Class D	Lic. Restrictions		Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20									
⁴ 3	Operator MC		CAMERON	Middle	Owner MCMASTER NEIL D Last First Middle								- 1 ¹²	
	Address 56 LII				Address 56 LINWOOD ST							-		
	City MEDFOI			te_MA Zip_02155	City MEDFORD State MA Zip 02155								-	
5		pany COMMER			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) 5 22 22 22 22 2 3 4								ee)	
1		Direction: N		onding to Emergency? N		Sequence 1	22 23		2 22			$\overline{\mathcal{A}}$	10 Undercari	riage
	Citation # (If Issued) Most Ha						lost Harmful Event 1 9 5 11 Totaled						lage	
⁶ 2				2: ChSec		Contributing Co	ode 25	1		8)	<i>)</i> 6	
2			tor and all occur	4: ChSec	Under	ride/Override		То	owed N 27 28	29			33	13
	Name (Last Fire			Address	Age/DOB Sex 10s. System Status Switch Code Code Status Code Interior						ansp. ode Medical Facil	1		
	Operator	Operator See Above						99	9 4	4	0	10 1		
⁷ 2	Please Select C of the Followi		2 1 # Occupants	Non-Motorist A Tyj	pe 1	Action 1	Loca	ation	16	ondition	17	Hi	t/Run Mop	ped
	License#		St_MA		Reg # M6406A Reg Type MVN Reg State						State MA	_]		
	Sex_M Lic. Class A 18 M 18 Lic. Restrictions 19 CDL					Veh Year 2016 Veh Make FORD Veh Co						onfig. 20		
8 1	Operator SANFORD MICHAEL F Last First Middle					Owner CITY OF NEWTON DPW Last First Middle								
	Address 4 JOA	AL AVE			Addre	ss 110 CRAFTS	ST	T I I I I I I I I I I I I I I I I I I I						
	City WALPOLE State MA Zip 02081					City NEWTON State MA Zip 02458								_
	Insurance Com	pany SELF			Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									ree)
	Vehicle Travel	Event Sequence 1 22 22 22 22 2 3 (a)												
	Citation # (If Issued) Most Ha						Aost Harmful Event 1 23 10 Undercarriage 5 11 Totaled							nage
	Violation	Driver	Driver Contributing Code 1 24 24 24 7 6											
	Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N								20 21					
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex		27 28 fety Airbag ystem Statu	29 Airbag Switch	30 31 Eject Trap Code Code		33 ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above				99	9 4	4 (0	10 1		_



Crash Narrative:

On Monday November 23rd, 2020 at approximately 1211 hours I responded to the intersection of Beacon Street and Walnut Street for a motor vehicle accident involving a city owned vehicle. Beacon Street and Walnut Street are both owned and maintained by the City of Newton. At the time of the accident the weather was rainy and the road surface was wet.

Upon arrival I spoke with the operator of MV1 identified as Cameron McMaster (S69781203). He stated he was operating MA REG; 949DV4 and was behind MV2 which was stopped at the red light heading north on Walnut Street. MV1 attempted to turn into the right turn only lane when he sideswiped MV2. The operator of MV1 reported no injuries and was able to leave the scene.

The operator of MV2 identified as Michael Sanford (S78122480) stated he was operating a City of Newton

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address			Phone :	#	Statement			
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier Name(Carrier Issuing Authority Code										
Address			City		St	Zip				
US DOT #:			Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gross Trailer Reg #:	s Vehicle Weight	38 Reg State	Reg Year	Tr	railer Length 39					
Hazmat Information:										
Placard 40 Material 1 digit #	me		_ Release code	42						

-	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 Parking	g Lot	
					☐ Garage		
					☐ Mall/Shopping Co	enter	
				+	Other Private Way		
j			į	İ	Indicate North by A	irrow	
		+	+-	+			
		 	_ — — — 🕂 —	+			
Crash Narrative:							
DPW truck MA REG; M6406A a	nd was stopped	at the red 1	ight at the in	tersection	on heading northbound on W	alnut	
Street. MV2 stated he was	struck on the l	oack passenge	r corner of th	e truck b	by MV1 who was attempting	to pass	
by him on the right hand s	ide. Minimal d	amage was rep	orted on the t	ruck. The	e operator of MV2 reported	no	
injuries and was able to 1	eave the scene	•					
Photographs of both vehicl	es and their da	amage was tak	en and submitt	ed to the	e IT Bureau.		
Witnesses:							
Name (Last, First, Middle)		Address		Phone #	Statement		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property		
				71			
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35	
Carrier Name			Carrier Issuing Authority Code				
Address City					St Zip		
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36	
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length 39		
Hazmat Information:	- **	-		_	-		
Placard 40 Material 1 digit #	# 41 Material N	ame		Material 4 d	igit # Release code	42	
ANDREA M FERCUSON			NEWTO	N POLICE DEPARTA	11/23/2	020	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)