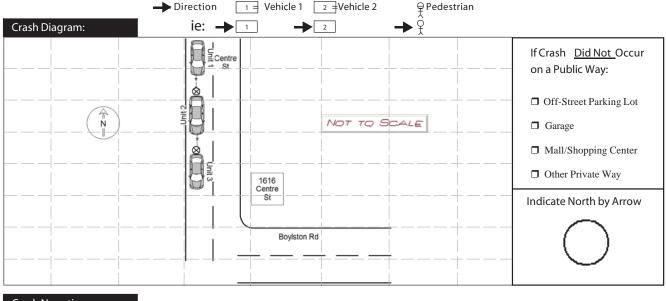
	Poli	ice Use Only		Comm	onweal	lth o	f Mass	ach	use	etts			RM	V Doci	umen	t Number	
	Date of Crash 11/24/2020	Time of Crash 17:33	City/1	own	Motor	Vehi	icle Cra	ısh		mber	Numb		eed Lim		St	ate Police ocal Police BTA Police	<u> </u>
	11/24/2020	17:33 24HR			Pol	ice F	Report		3	neres	0		ngitude_			BTA Police ther:	
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-	At						Feet NSEW of or										
	Route# Direc	etion N	Name of Intersect	ing Roadway/Stree	et	— <u> </u> -			1111	,, _	Mile	Markei		01	E	kit Number	
				ersection with			Feet Feet	N S J	(W)	of	Route		Interced			u/Stroot	-
1						Route# Intersecting Roadway/Street Feet N S E W of											
	Route# Direction Name of Intersecting Roadway/Street					Landmark								_			
	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	lumber		:	200000	00673							
	License#		St ¹	MA DOB/Age_		Dog # 5	5HW126				Раст	vino P/	AN	Da	a Ctat	. MA	
	Sex_M Lic. 0	18 1		19	 DL	_	ear 2014									20	-
			MICHAEL		dorsment		LITTLE MAX			ve vC				_ ven c	.oniig		-
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	City BROOKI			State MA Zip 0)2467		oston						State	MA	7:	02109	-
	,	pany COMMER		orateZ1p_ <u>0</u>				o Cencl	, [21					_	e Up to Thr	ee)
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1				on 2: ChSe			Contributing C		5				7	<u> </u>	6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underri	ide/Override	T		Towed	<u> </u>		30 31	32	33		\dashv
	Name (Last Fire		ator and an occ		Address		Age/DOB	Sex	Seat S Pos. S	27 Safety A System	irbag Ai Status Sw	29 Eje itch Co	30 31 Ect Trap de Code	32 Injury Status	33 Fransp. Code	Medical Facil	ity
	Operator			See	Above					1 4	4 4	0	0	10	1		
1	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	14	4 Action	15 Lo	cation	1	6 Con	dition	17		Hit/Ru	n Mop	ped
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						Most Harmful Event 1 23							riage				
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ļ				ll occupants inv								29 3 bag Eje	30 31 Frap	32 Injury	33 Fransp.		\dashv
ŀ	Name (Last Fi	rst Middle)	<u> </u>		Address		Age/DOB	Sex	Pos.	System	Status S	witch C	ode Code	Status	Code	Medical Faci	ility
-	Operator/	Non-Motorist		See .	Above					1	1 4	0	0	10	1		\dashv
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	ice Use Only		Commonweal									ment Nu		
Date of Crash 11/24/2020	17:33	NEWTON	MIOTOI		icle Cra Poport	١,	Number /ehicles	Injured	Latiti	ude		State I Local MBTA	Police A Police	XI I
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XVehicle 3	3 1_#Occupants	Hit/Run	Moped Case N	Number		200	0000673							٦
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Please Name (Last Fi		ator and all occupa	nts involved Address		Age/DOB	Sex Pos	26 27 safety s. \$ystem	28 2 Airbag Airb Status \$wit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tr. Status C	33 ansp. ode Med	lical Facility	\Box
Operator			See Above				ľ	4 4	0	0	10 1		icar r acmity	٦
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Please Select (One 👝			14		15		16		17		<u> </u>		\dashv
of the Follow	\/ohicle	e# Occupants	Non-Motorist A Type		Action	Locati	on	Cond	ition		Шн	it/Run	Море	:d
License#	18 1	St	DOB/Age	Reg#_				_Reg Ty	pe		Reg	State	20	.
Sex Lic.		Lic. Restrictions	CDL	Veh Ye	ar	Veh 1	Make				Veh Co	onfig.	20	
Operator	Last	First	Middle	Owner .	Las	t		First			Middle	e		.
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City		State	zZip	City								Zip		
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l	Direction: N	^	onding to Emergency?		sequence	22 22 23	22	22 2		Ţ		\	Indercarria	age
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			2: ChSec		Contributing Co	ode 25		8		7		<i>)</i> 6		
			4: ChSec ccupants involved	Underri	de/Override	2 Sea	Towed	28 2 Airbag Airb	9 _ 30	31 Trap	32 Injury Tr	33		\dashv
Name (Last F	irst Middle)		Address		Age/DOB	Sex Po	s. System	Airbag Airb Status Sw	ag Eject tch Code	Trap Code	Injury Tr Status C	ansp.	dical Facili	<u>t</u> y
Operator	/Non-Motorist		See Above				-		+			+		\dashv
												+		\dashv
														



Crash Narrative:

On Tuesday, November 24th 2020 at 1733 hours, myself, N-496 R March and Sgt Selig responded to 1616 Centre St for a 3 car motor vehicle accident. Newton Dispatch was informed there were people injured on scene, but upon our arrival we observed no parties involved were injured. Medics checked all parties involved and patient refusals were signed.

The first vehicle involved was (Mass Reg #5HW126, PORS CAYENN COLOR GRAY, operated by Michael Queen.

Commerce Insurance). The second vehicle involved was (Mass Reg #7ZA446, 2004 HOND ACCORD, COLOR GREEN,

operated by Guy Levin. Commerce Insurance). The third vehicle involved was (Mass Reg # 5HM522, 2018

VOLK ATLAS COLOR RED. Operated by Alan Kurd. Bankers Standard Insurance.)

Driver 1 stated he was tr	raveling south on Centre	e St when Driver 2	slammed o	n the brakes in	front of him.
(Continued	on next page)				
Witnesses:					
Name (Last, First, Middle)	Address	i		Phone #	Statement
Dua na suta Da ma a sa					
Property Damage: Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	red Property
owner (zasy msy maare)	7.007.035		3)pc	Description of During	jeu ope.ty
Truck and Bus Information:	Registration #	(From Vel	hicle Section)		
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC#:		Interstate 36
37	ross Vehicle Weight 38				
				39	
Trailer Reg #:	Reg Type Reg S	State Reg Year_	Tr	ailer Length	
Hazmat Information:					
Placard 40 Material 1 digi	t # 41 Material Name		_ Material 4	digit #	Release code 42

_	Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: → 1	→ [:	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	
		+ 				
					☐ Mall/Shopping C	enter
			į		☐ Other Private Wa	у
		+			Indicate North by A	Arrow
				+		
Crash Narrative:	adod Drivor 2 a	e a recult				
Driver 2 stated his vehicl			Name of bases	-		
Driver 1 collided into the			Oriver 2 stated	the impa	act of the collision cause	ad nis
vehicle to rear end Driver						
Driver 3 stated he was nea			because of hea	vy traff:	ic. Driver 3 stated Driver	2
collided into the rear end	of his vehicle	e.				
All three vehicles suffere	d major damage	. Todys' Towi	ing came and to	ok Vehic	le's 1 and 2. Vehicle 3 w	as able
to be driven from the scen	e.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		25
Carrier Name					Carrier Issuing Authority Co	de 35
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:		- J -	&			
Placard 40 Material 1 digit #	# 41 Material N	[ame		Material 4 d	ligit # Release code	42
NICHOLAS IAMES GAMBLE				N POLICE DEPARTA	11/24/2	0020

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature