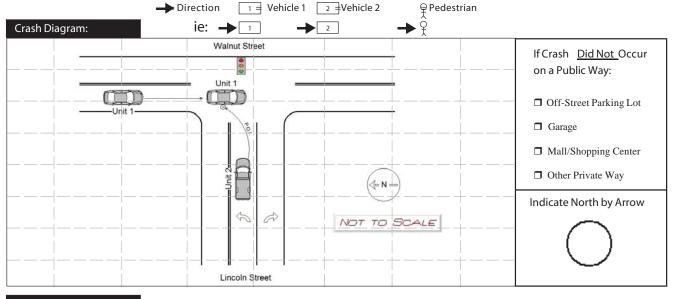
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AT INTERSECTION:  SAT INTERSECTION:  EAST LINCOLN ST  Routed Direction  Name of Read-say-Steed  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Name Reg Type VAS Reg State MA  Noted Direction  Name of Read-say-Steed  Routed Direction  Routed Direction  Routed Direction  Name of Read-say-Steed  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Name of Read-say-Steed  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Routed Direction  Name of Read-say-Steed  Routed Direction  Route				1	own <b>M</b>	Iotor V	<sup>7</sup> ehi	icle Cra	ish							St L	tate Police	N X
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License # - S, MA DOR/Age	3	Route# Direc	tion	Name of interse	Koadway/Stree	<u> </u>								La	ndmarl	ζ.		-
Sex M Lic. Class   18   18   Lic. Restrictions   19   CDL   Veh Year 2016   Veh Make AUDY   Veh Config.   120    Operator MACKENZIE   ERIC   Sectionsment   Owner (Same as operator)   Address   Veh Class   Veh C	, 	XVehicle1	#Occupants	Hit/Run	Moped	Case Nu	mber		2	200000	0676							
See M. Lie. Class D. Lie. Restrictions 1 CDL. Veh Year 2016 Veh Make ADD1 Veh Config. 1  Operator MACKENZIE ERIC Findersment Owner (Same as operator)  Address 3 YOLET CIRCLE  Address 3 WILFORD State MA Zip 01757  City MIHORD State MA Zip 01757  City MIHORD State MA Zip 01757  City MIHORD SERVICES AUTOMOBILE ASSOCIATION  Vehicle Travel Direction: NXEW 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  Age DOB Sec M Lie. Class D 8 18 Lie. Restrictions 1 19 CDL.  Address Sec M Lie. Class D 8 18 Lie. Restrictions 1 19 CDL.  Address Sec M Lie. Class D 8 18 Lie. Restrictions 1 19 CDL.  Address Macket Maddle  Age DOB Sec M Lie. Class D 8 18 Lie. Restrictions 1 19 CDL.  Address Macket Maddle  Address Sec M Lie. Class D 8 18 Lie. Restrictions 1 19 CDL.  Address Macket Maddle  Address Macket Maddle  Address Macket Make Make Make Make Make Make Make Make		License#		St_M	IA DOB/Age	F	Reg#	/T25254				Reg Ty	pe_PA	s	R	eg Stat	e_MA	
Operator MACKENZIE ERIC Models  Operator STOCKET CIRCLE  City MILFORD  Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION  Vehicle Action Prior to Crash  Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION  Vehicle Travel Direction: Nile W  Citation # (If Issued)  Violation 1: Ch. See Violation 2: Ch. See Underride Override  Please fill out for operator and all occupants involved  Name Clast Frost Models  Address  Agentic From Models		Sex_M Lic.	Class D 18 1				√eh Yea	ar_2016	Ve	eh Mak	e_AUI	DI			Veh (	Config	20	
Address Strict Richer State MA Zip 01757  Insurance Company UNITED SERVICES AUTOMOBILE ASSOCIATION  Vehicle Action Prior to Crash  1 Vehicle Travel Direction: NXEW Responding to Emergency? N  Other Travel Direction: NXEW Responding to Emergency? N  Vehicle Travel Direction: NXEW Responding to Emergency? N  Other Following: See Above  Please Gill out for operator and all occupants involved Name (Last First Middle)  Non-Motorist A Type  Please Selection  Operator  See Above  Non-Motorist A Type  Identified See See Above  Please Selection  Operator SAEZ  Ope	1		-	ERIC		ment (	Owner _	(Same as ope	rator)									_
City   MILFORD   State   Ma   Zip   91757   City   State   Zip   Damaged Area Code: (Circle Up to Three)	3	Address 3 VIC	DLET CIRCLE	First	Middl										Mid	idle		. Ľ
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Operator  See Above  Please Select One of the Following:  License # St MA DOB/Age Reg # M2661A Reg Type MVN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment  Operator SAEZ JUAN  Operator SAEZ JUAN  Address 185 ESSEX ST  City MARLBOROUGH State MA Zip 01752  Insurance Company ARBELLA PROTECTION INSURANCE COMPANY  Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued)  Violation 1: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age: Dob Set First System Data State No 0 10 1 1 NONE  NONE  14 4 4 0 0 0 10 1 1 NONE  NONE  14 Action 15 Location 16 Condition 17  Hit/Run Moped  Veh Year 2019 Veh Make FORD Veh Config. 2 20  Owner CITY OF NEWTON  State MA Zip 02459  Owner CITY OF NEWTON  State MA Zip 02459  Vehicle Action Prior to Crash 4 21  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S X W Responding to Emergency? N Most Harmful Event 1 23  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address South Address  Age: DoB Sec For System Data State Code (Code Sause) 600 Medical Eacility New North State State States Sta				ator and all occu	ipants involved		26 27 28 29 30 31 32 33 Seat Safety Airbag Eject Trap Injury Transp.							1				
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## Crash Narrative:

Operator of MV1 states he was traveling southbound on Walnut Street at Lincoln Street when MV2 entered the intersection from Lincoln St and struck MV2. MV1 sustained minor damage to the back right passenger door.

Operator of MV2 states he was traveling eastbound on Lincoln Street entering the intersection at Walnut Street. Operator of MV2 states two vehicles were in the middle of the intersection attempting to take a left from Walnut Street northbound onto Lincoln Street westbound and they were obstructing his view of the roadway. Operator of MV2 states when the two vehicles cleared he attempted to take a left onto Walnut Street northbound and struck MV1. MV2 sustained minor damage to the front right bumper.

Pictures were taken of the crash and submitted to IT. There were no injuries due to this accident and neither

W itnesses:								
Name (Last, First, Middle)		Address				Phone #	‡	Statement
Property Damage:	•							•
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descripti	ion of Damag	ged Property	
	-		-	·				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				25
Truck and Bus Information:			(From Vehic	,		Carrier Issu	ning Authority Co	35 de
								de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name  Address US DOT #:	State Number		City			St	Zip	de
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Carrier Name  Address US DOT #:  Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier Name  Address  US DOT #:  Cargo Body Type Code  Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_	ailer Lengt	St	Zip Interstate	de

TIMOTHY F KEEFE		NEWTON POLICE DEPARTM	11/25/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date