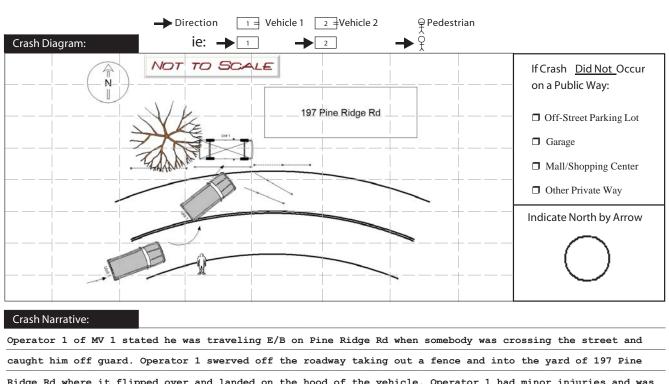
	Poli	ce Use Only		Commonweal	lth o	f Mass	achi	isetts	8		RM	V Docu	ment Numbe	r
	Date of Crash 11/27/2020	Time of Crash 16:10 24HR	NEWTON	MIOTOI		cle Cra Report	sh	Number Vehicles		ed Lat	eed Limititude _		State Police Local Polic MBTA Poli Other:	e X 1
			RSECTION:		OCAT		>	_					CTION:	
						EAST	19	7	PINE	RIDGE	RD			
¹ 3	Route# Direc	tion	Name of Ro	oadway/Street	R	oute# Directi	on A	ldress #		N	ame of I	Roadway	/Street	
					-	Feet	N S E	W of	Mil	e Marker	• —	or	Exit Numbe	[
	Route# Direc	tion [Name of Intersecting I Also at Intersec		[-	Feet	N S E	W of	Rou	to#	Intorcoc	sting Do	idway/Street	
2 1			27 07	D 1 (2)	-	Feet [N S E	W of	Rou	СП	Intersee	ang Ko	idway/Sirect	
3	Route# Direc		Name of Intersection	<u> </u>							La	ndmark		
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case N	lumber		2	000000678	3					Щ
	License#	18	St	DOB/Age	Reg # 4				-	Туре_ <u>Р</u> А			State MA	0
4	Sex_M_ Lic.		Lic. Restrictions	CDL Endorsment		ar 2004 CORADO-D		h Make EMER				_ Veh Co	onfig. 2	╸┝
⁴ 1	Operator COI	Last ROWN ST (apt	First	Middle		130 (apt. 2) E			First			Middl	e	_ [
	City WALTH		State	MA Zip 02453		ALTHAM					State	MA	Zip <u>02453</u>	
	Insurance Com	pany PERMAN	ENT GENERAL AS	SURANCE CORP OF OI	Vehicle	Action Prior t	o Crash	1	21	Damag	ged Area	Code: (Circle Up to T	Three)
5	Vehicle Travel	Direction: N	S X W Respon	ding to Emergency? N	Event S	equence 20			22	O	3		4	
	,	ssued)		89// A		armful Event	27	24	24	D 👉	9		10 Underc	~
⁶ 1				ChSec		Contributing C	ode 25	99		8	7		6	
_	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override Towed Y Seat Safety Airbog Airbog Eject Tord Briury Transp. Seat Safety Airbog Airbog Eject Tord Briury Transp. Medical Facility									
	Name (Last Fir Operator	st Middle)		Address See Above		Age/DOB	Sex	Pos. Systen	1 Status \$	witch Coo	de Code	\$tatus C	ode Medical Fa	
7 1	Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	2 14	Action	Loc	ation	16 Co	ndition	17	Пн	it/Run M	oped
	License#StDOB/Age				Reg#_	g #Reg TypeReg State						<u> </u>		
	Sex Lic. (Class 18 1	Lic. Restrictions	CDL Endorsment		ar		h Make				_Veh Co	onfig.	<u>'</u>
8 1	Operator	Last	First	Middle	Owner .	La	st		First			Middl	e	-
	Address City StateZip				Address									
	Insurance Company				City State Zip Vehicle Action Prior to Crash								Three)	
	Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 3 4									
	Citation # (If Issued)				Most Harmful Event 23 10 Undercarriage 5 11 Totaled							~		
						Driver Contributing Code 24 24 7 6								
1				l: ChSec	Underri	de/Override		Towe	d		0 31] 32	33	
	Name (Last Fi	rst Middle)	r operator and all od	Address		Age/DOB	Sex	Pos. Syste	Airbag A	29 3 irbag Eje Switch Co	0 31 Trap ode Code	Injury I'i	ansp. Code Medical F	acility
	Operator/	Non-Motorist		See Above										



Operator 1 of MV 1 stated he was traveling E/B on Pine Ridge Rd when somebody was crossing the street and caught him off guard. Operator 1 swerved off the roadway taking out a fence and into the yard of 197 Pine Ridge Rd where it flipped over and landed on the hood of the vehicle. Operator 1 had minor injuries and was transported to the NWH. The vehicle had major damage and was towed by todys towing.

Pictures of the damage to the fence were taken and placed into IT for attachment to this report.

Operator 1, Luis Corado, was issued MA Citation #T2014679 for c90s10 Operating without a license and c89s4A Marked Lanes.

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
WAGLE, NEIL,	197 PINE RIDGE R NEWTON MASSA	617-256-6666	97	HOME FENCE	

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				_ Carrier Issu	ing Authority Code
Address		_ City		St	Zip
	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State _	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

 ROBERT A MARCH
 NEWTON POLICE DEPARTS
 11/27/2020

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date