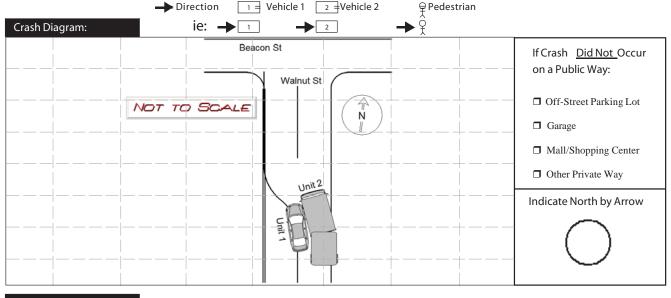
	Poli	ce Use Only			Common	wealth	0	f Massa	ach	use	etts				RMV	⁷ Doc	umen	it Number		
	Date of Crash 11/30/2020	Time of Crash	City.	/Tow	m Mo	tor Ve	hi	cle Cra	sh		ımber hicles				l Limit		- S	tate Police ocal Police IBTA Police		
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² 2	Route# Direct	tion	Name of Inte	rsecti	ing Roadway/Street		- -	Feet N	8 8 1	S W	of				T	11	_		_	4
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⁴ ₃	Operator <u>LEM</u>	IBERG Last	JEFFREY First		A Middle	Ow	ner _	(Same as oper	ator)			Firs	t			Mid	dle		-	1 ¹²
	Address 39 AN						dress	3											-	
	City NEWTO				MA Zip 02468	Cit	у										-		- 1	
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5 1	Vehicle Travel	Direction:	S E W R	lespoi	nding to Emergency?	N Eve	ent S	equence 1 2		22	22	22	2	ſ	<u> </u>	$\overline{\lambda}$	4	10 I Indones		
	Citation # (If Is	ssued)				Mo	st Ha	armful Event	1		34	24	1	-	9		5	10 Undercarri 11 Totaled	lage	
6					: ChSec		ver (Contributing Co		99	24		8		4	<u> </u>)			
⁶ 2					: ChSec	Un	derri	de/Override			Towe		-	20	. 21	22	33		_	13
	Please 1 Name (Last Firs	fill out for opera	ator and all oc	ccupa	Ants involved Address			Age/DOB	Sex	26 Seat Pos.	27 Safety System	Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	Fransp. Code	Medical Facilit	ty	1
	Operator			20. 41	See Above	•					99	4	99	0	0	10	1	NONE	_	
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	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Driver Contributing Code 99													
١						Un	Underride/Override						\dashv	i I						
	Name (Last Fi	rst Middle)	operator and	a11 0	Address			Age/DOB	Sex	Seat Pos.	System	Airbag Status	Airbag Switch	Eject Code	Trap Code	njury Status	Transp. Code	Medical Facil	iity	
	Operator/	Non-Motorist			See Above	;					99	4	99	0	0	10	1	NONE		
	LOPEZ, MANU	UEL							M	3	99	4	99	0	0	10	1	NONE	=	
	GODOY, CAR	LOS							M	2	99	4	99	0	0	10	1	NONE		
	PINERA, SAEI	LVEN							M	5	99	4	99	0	0	10	1	NONE		



Crash Narrative:

Mv#1 operator stated he was behind Mv#2 on Walnut St N/B preparing to turn left on Beacon St W/B. #1 stated on the green light he proceeded to drive around #2 by entering the left turn lane. #1 stated as he passed by #2's trailer first where the left lane opening begins as marked by the white lines, #2 truck body veered left crashing into #1 passenger side front. #1 sustained two passenger side flat tires and moderate damage to passenger side front door hinge area. #1 was later asked on scene if he crossed the marked double yellow lines while driving around #2. #1 stated he did not and pointed out the exact spot where he stayed within his lane where the left lane started. Mv#1 was left in the Mobil garage parking lot at this intersection where he arranged to have his flat tires and/or rims repaired.

#2 operator stated #1 was directly behind him in traffic. There was a slight language barrier with #2. #2

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Add	lress				Phone #	<u> </u>	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information: Carrier Name			(From Vehic			Carrier Issu	ing Authority Co	35 de
								de
Carrier Name		(City			St	Zip	de
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Carrier NameAddressUS DOT #:	State Number	(City Issuing State	ICC#:_		St	Zip	de
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Carrier Name	State Number	Reg State	City Issuing State	ICC #: Tr	ailer Lengt	St	Zip Interstate	de

•	Direction 1	ı	2 ≢Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: 🛶 🗆	→ 2	2	→ Ŷ			
				<u> </u>			
					l1	Crash <u>Did Not</u> O	ccur
		<u> </u>			c	n a Public Way:	
		<u> </u>				Off-Street Parking	Lot
						Garage	
						Mall/Shopping Ce	nter
						Man/Bhopping CC	inter
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Crash Narrative:							
Crash Narrative:							
stated as he proceeded to	enter the left	turn lane o	on the green	light, at	the same time	#1 reversed f	rom
behind him and then drove	around him on	the left caus	ing the coll	ision. #2	stated #1 dro	ove around the	double
yellow lines at the time	of the collision	n. #2 sustain	ed moderate	damage to	driver's side	wheel, tire a	ınd
front end. Mv#2 arranged	a private tow f	rom the Mobil	. garage park	ing lot.			
_							
M/:							
Witnesses:							<u> </u>
Name (Last, First, Middle)		Address			Phor	e#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
			(11011 ¥	,			35
Carrier Name					Carrier	Issuing Authority Code	
Address			City		St	Zip	
						_	36
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	30
Cargo Rody Type Code 37	ross Vehicle Weight	38					
Cargo Body Type Code G	loss venicie weight						
 Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra		9	
Hazmat Information:		_	-		-		
- Indefinite initionination.							
401	41						42
Placard 40 Material 1 digi	t # 41 Material N	Name		Material 4 d	ligit #	Release code	42
Placard 40 Material 1 digi	t # 41 Material N	Vame		Material 4 c	ligit #	Release code	42
Placard 40 Material 1 digi	t # 41 Material N	Vame		Material 4 d	ligit#	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)