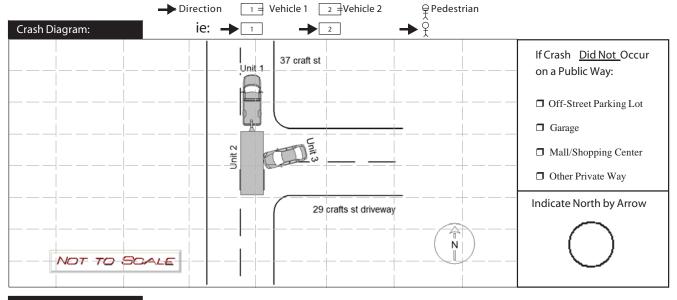
Poli	ce Use Only		Commo	nwealt	h of	f Massa	ichi	uset	ts		RM	V Docu	ıment l	Number	
Date of Crash 12/03/2020	Time of Crash 09:38	City/To	own <b>M</b>	lotor V	<sup>7</sup> ehi	cle Cra	sh	Num			peed Lim		Stat	te Police cal Police STA Police	N X
12/03/2020	24HR			Polic	e R	eport		3	0		ongitude		Oth	IA Police ier:	
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Route# Direc	tion N	Name of Intersection	ng Roadway/Street		- -	1 cct [	'  o  E	J** 01	M	ile Mark	er	OI	Exi	t Number	-
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Route# Direc	tion	Name of Interse	cting Roadway/Stree	et							La	ndmark			
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Nui	mber		2	000000	694						
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Sex_M Lic.	18 1		19		_	<sub>r</sub> 1997			-				-	20	-
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$\dashv$			1' / F			Action Prior to	2 2	1		2	3		4	or	,
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of the Followi	ng: Venicie	2 <u>0</u> #Occupan	ts Non-Motor	ist A Type		Action	Loc	ation		ondition		<u></u>	Hit/Run	Мор	ea
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Operator	Last	First	Middl	C		PAOLA Las		NIC	COLA Firs	it		Midd	ile		-
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City		St	ateZip		City_NE	WTON					State	MA	_Zip_02	2465	-
Insurance Com	pany SAFETY				/ehicle /	Action Prior to	Crash	1	21	Dama	_		(Circle	Up to Thre	ee)
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		operator and al	l occupants involve					26 Seat Sa	27 28 fety Airbag	29 Airbag	30 31 Eject Trap	32 Injury T	ransp.	M F 15 5	
Name (Last Fi	rst Middle) Non-Motorist		Addr See Abo			Age/DOB	Sex	Pos. S	ystem Status	Switch	Code Code	Status	Code	Medical Faci	nty
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Pol Date of Crash	Time of Crash		Commonweal Motor				Setts Number	1		RMV D		nt Number State Police
12/03/2020	09:38	NEWTON	MIOTOI		icle Cra Panart	sh	Vehicles	Injured	Latitu	ıde		State Police Local Police MBTA Police
	24HR	RSECTION:		OCAT	Report	>	3	0 NOT		itude		Other:
	ALINIER	ASECTION:	\ 1	JOCAI	ION			NOI	AII	INIEN	SECI	ION:
		N CD	1 (9)	l					.,	C.D.	1 (0:	
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X Vehicle 3	1_#Occupants	☐ Hit/Run	Moped Case N	Number		200	00000694					
		St WA			3BZ2378			D	PAS		D (1)	. 10/0
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Operator AN		Lic. Restrictions  MELISSA	CDL Endorsment		ANTHONY	ven	ERICA			V 6	en Conn	g
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City MAPLE		State	WA Zip 98038		APLE VALLEY					State_W	A Zin	98038
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Please Name (Last Fin		ator and all occupar	nts involved Address		Age/DOB	Sex Se	26 27 eat Safety os. \$ystem	28 29 Airbag Airba Status \$wite	g Eject h Code	31 3 Trap Inju Code \$tat	32 33 ry Transp rus Code	Medical Facilit
Operator			See Above				1	4 4	0	0 10	1	
Please Select ( of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action 1	5 Locat		16 Condi	tion	17	Hit/R	un Mope
License#		St	_ DOB/Age	Reg#				Reg Tyr	ne L		Reg Sta	ite
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Pl Name (Last F		operator and all oc	cupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 29 Airbag Airba Status Swit	g Eject ch Code	Trap Inju	33 Transp atus Code	).
Operator/	/Non-Motorist		See Above									
											+	



## Crash Narrative:

ON 12-3-20 AT APPROX. 0938HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 37 CRAFTS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON CRAFTS ST. WHILE TRAVELING HIS TRAILER ( VEHICLE #2 ) WAS HIT ON THE RIGHT SIDE BY VEHICLE #3 AS SHE WAS EXITING THE DRIVEWAY AT 29 CRAFTS ST. DRIVER OF VEHICLE #3 STATES SHE WAS STOPPED IN THE DRIVEWAY OF 29 CRAFTS ST. WAITING TO TURN LEFT AND ENTER THE TRAFFIC ON CRAFTS ST. DRIVER OF VEHICLE #3 STATES HER VISIBILITY WAS OBSTRUCTED BY A YELLOW BUS PARKED ON CRAFTS IN FRONT OF 29 CRAFTS ST. AS VEHICLE #3 ENTERED THE TRAFFIC LANE SHE HIT THE RIGHT SIDE OF VEHICLE #2. VEHICLE #1 HAD NO DAMAGE. VEHICLE #2 HAD A RIGHT SIDE FLAT TIRE AND POSSIBLE BROKEN AXLE. VEHICLE #2 WAS TOWED BY PERFECTION. VEHICLE #3 HAD EXTENSIVE FRONT END DAMAGE. VEHICLE #3 WAS OPERATIONAL AND DRIVER WAS TAKING IT TO A BODY SHOP. ALL PARTIES REPORTED NO INURIES. ALL PARTIES

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			F	Phone #	Statement
Property Damage:	_	•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	f Damaged Property	
			•				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Truck and Bus Information:  Carrier Name				cle Section)	Car	rier Issuing Authority (	ode 35
						,	
Carrier Name			City		St	z Zip	lode
Carrier NameAddressUS DOT #:37	State Number		City		St	zZipInterstate	'ode
Carrier NameAddressUS DOT #:37	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	z Zip	'ode
Carrier Name Address US DOT #: Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	zZipInterstate	'ode
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #: Tr	St.	zZipInterstate	36 36

THOMAS P WALSH			NEWTON POLICE DEPARTM		12/03/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	₂ =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →□	1 -	<b>2</b> →	<b>₽</b>		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off Street Poulsing	Lat
					☐ Off-Street Parking	LOI
		_			Garage	
					☐ Mall/Shopping Ce	
					☐ Other Private Way	
					Indicate North by A	rrow
			<u>+</u> -	<del> </del>		
Crash Narrative:	-			-	<u>'</u>	
ADVISED TO CONTACT THEIR	INSURANCE COMP	ANIES. CLEAREI	WITHOUT FURTH	HER INCIDE	ENT	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	Address		Di #	24 7	Description of Description	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration # _		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing Authority Code	е
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	rit # 41 Material	Name		_ Material 4 d	igit# Release code	42
THOMAS P WALSH			NEWI	ON POLICE DEPARTA	12/03/20	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)