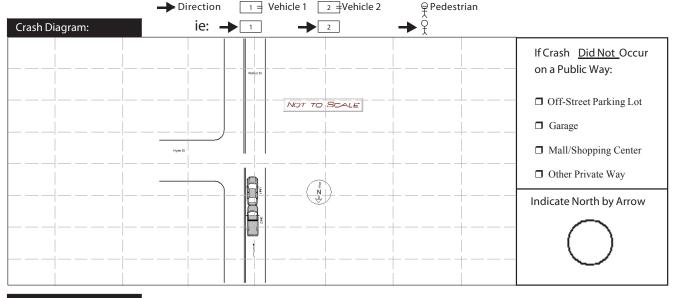
Date of Crash 12/18/2020 Time of Crash 11:13 NEWTON NEWTON Police Report Number Vehicles 2 Number Injured Latitude Longitude Longitude NOT AT INTERSECTION: EAST HYDE ST	2				
AT INTERSECTION: < LOCATION > NOT AT INTERS	CTION:				
	2				
EAST HYDE ST					
	/Street 1				
1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway	2				
SOUTH WALNUT ST Feet NSEW of — or _	Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	LAR IVAINOCI				
Route# Intersecting R	1				
2 Feet NSEW of Route# Direction Name of Intersecting Roadway/Street Landmar	2				
3 Mystists 2 40 cmm of District					
	State MA				
Sex_F Lic. Class D Lic. Restrictions 9 CDL Veh Year 2003 Veh Make SUBARU Veh Year 2003 Veh Make SUBARU Veh Year 2003 Veh Make SUBARU Veh Year 2003 Veh Year 2003 Veh Make SUBARU Veh Year 2003 Veh Y	onfig. 1				
Operator CASTANEDA IRMA Owner (Same as operator)	1 ¹¹				
Address 282 DUDLEY ST (apt. 15) Address					
City BOSTON State MA Zip 02119 City State State					
Insurance Company GEICO Vehicle Action Prior to Crash 2 21 Damaged Area Code	`_				
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 22 22 22 22 3	Φ				
Citation # (If Issued) T2080651 Most Harmful Event 1 23 1	10 Undercarriage 11 Totaled				
Violation 1: Ch 90/10/Sec Violation 2: Ch Sec Driver Contributing Code 97 24 24 8 7) ₆				
2 Violation 3: ChSec Violation 4: ChSec Underride/Override Towed N					
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Please fill out for operator and all occupants involved Seat Safety Airbag Airbag Airbag Eject Trap lipiny High Seat Safety Airbag Airbag Code Code Status	ransp. dode Medical Facility 1				
Operator See Above	NONE				
LONDON, MICHAEL 10 BURNHAM RD M 5 4 4 99 0 0 9	NONE				
Please Select One No. 17 14 15 16 2 17 17					
The Select One of the Following: Wehicle 2 1_#Occupants Non-Motorist A Type Action Location Condition Condition Type	it/Run Moped				
License# St MA DOB/Age Reg # V54580 Reg Type CON Reg State MA					
	onfig. 20				
8 Operator GALLERANI RICHARD J Superator (Same as operator) Last First Middle Last First Middle					
Address 40 MAIN ST Address Address					
City MILFORD State MA Zip 01757 City State Zip					
Insurance Company COMMERCE Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to T					
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 3	4				
Citation # (If Issued) Most Harmful Event 1 23 10 Und 5 11 Tota					
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 11 24 24					
Violation 3: ChSec Violation 4: ChSec Underride/Override	6				
Please fill out for operator and all occupants involved Name (Last First Middle) Please fill out for operator and all occupants involved Address Age/DOB Age/DOB	33 ransp. Code Medical Facility				
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Code Code Status Operator/Non-Motorist See Above	Code Medical Facility NONE				



Crash Narrative:

Mv#2 operator stated he was travelling on Walnut St S/B and braked for Mv#1 that was slowing ahead of him preparing to turn left on Hyde St. Mv#2 stated his truck slid over a snow patch which caused him to rear end Mv#1. The plow from Mv#2 struck the rear end of #1. Operator of Mv#2 was not injured.

Mv#1 operator stated she was slowing on Walnut St S/B preparing to turn left when she was rear ended by Mv #2. Operator was not injured. Operator stated she does not have a license due to license paperwork issues. Operator produced a MA license which when queried expired on 5/7/18. Mv#1 rear seat juvenile passenger was picked up by his father on scene. Father refused evaluation for his son.

A MA licensed operator arrived on scene to drive #1 from the scene. #1 operator was issued citation #T2080651
in hand for 90/10 unlicensed operation. Walnut St is a public way.

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
Property Damage:									
Owner (Last, First, Middle)	ner (Last, First, Middle) Address		Phone #	34-Type Description of Damaged Prop			ed Property		
Truck and Bus Information: Registration #(From Vehicle Section)									
Carrier Name						Carrier Issui	ng Authority Coo	le 35	
Address	City				St	Zip			
US DOT#:	State Number		Issuing State	ICC #:_			Interstate	36	
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38					39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Le	ength			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Name_			Material 4	digit#		Release code	42	