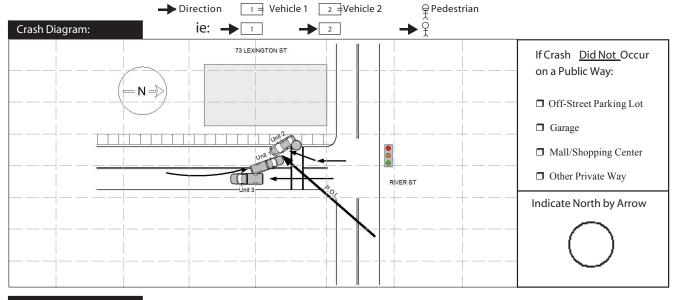
	Poli	ce Use Only		Commo	nwealt	h of	Massa	achu	ıset	ts					ient Number	
	Date of Crash 04/22/2021	Time of Crash 08:54	City/I NEWTON	Town N	Iotor V	ehic	ele Cra	sh	Numl Vehic			Speed Latitud		30	State Police Local Police MBTA Polic	
l	0 1/22/2021	24HR					eport		3	0		Longit			Other:	æ 🔟
		AT INTER	RSECTION:		< LO	CATI	ON	>		N	OT A	AT II	NTE	RSEC	CTION:	
							NORTH	73		LEX	INGT	ON				
	Route# Direct	ion	Name	of Roadway/Street		Rou	ute# Direction	on Ac	ldress #	ŧ		Name	of Ro	adway/	Street	
\dashv	At						Feet [NSE	w of			_ • _	o:	r		
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number										
	Also at Intersection with					Feet N S E W of RIVER ST Route# Intersecting Roadway/Street								_		
						Feet NSEW of										
᠆╏	Route# Direction Name of Intersecting Roadway/Street					Landmark										
	Wehicle1	_1_#Occupants	Hit/Ru	n Moped	Case Nun	nber		2	1000002	279						
7	License#		St N	MA DOB/Age	R	.eg # 7N	MX40			Re	д Туре	PAN		Reg	State_MA	
	Sex_M Lic. C	Tlass D 18 1		19			2011	Vel	h Make					Veh Cor	20	
\neg	Operator MAC		WILLIAM	Endor	sment			t v C		JRIE				v ch coi	ilig.	-
	Address 56 CH	Last IARLES ST`	First	Midd	iie		Las 51 WARWIC	k RD		Fir	st			Middle		_
- 1	City WALTHA			State MA Zip 024		city NEV							State I	MA 7	_{vin} 02465	_
- 1	•			naiczip		Valida Antico Prim to Corate 21 Damaged Area Code: (Circle Up to Three)										
	Insurance Company ARBELLA Vehicle Travel Direction: X S E W Responding to Emergency? N							22 22	2 22		2		3		4	
	Citation # (If Is		S E W Re	sponding to Emerge			mful Event	23	<u> </u>				\perp		10 Underca	arriage
			Violatiu	on 2: Ch Sec			L	1	99 24	9 24	1 4	-	9		5 11 Totaled	
			Underride/Override Driver Contributing Code 99 24 9 7 6 Underride/Override 7 6													
\dashv	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved						e/Override	П				30]	31	32 Fran	33 nsp.	
-	Name (Last Firs			Add			Age/DOB	Sex		27 28 fety Airbag stem Status			ode \$	tatus Coo	nsp. de Medical Fac	cility
}	Operator			See Al	oove				1	4	4	0	0 1	10 1		
-																
	Please Select O		2 <u>1</u> #Occupa	ınts Non-Moto	orist A Type	14	Action 1	5 Loca	ation	16	Conditio	n	17	Hit	:/Run	oped
\neg	of the Following:				3,	anno anno anno anno anno anno anno anno										
	License # St MA DOB/Age St 18				R	Reg # 2BBR67 Reg Type PAN Reg State MA						State MA	_			
Ц	Sex M Lic. Class D Lic. Restrictions 1 CDL Findersment					Veh Year 2014 Veh Make CHEVY Veh Config. 1										
١	Operator FERNANDES JEFFREY Last First Middle					Owner (Same as operator) Last First Middle								-		
┫	Address 151 CENTRE ST					Address									-	
	City HOLBROOK State MA Zip 02343					StateZip									-	
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								hree)		
	Vehicle Travel Direction: $[N]X = W$ Responding to Emergency? N					Event Sequence 1 23 22 23 22										
	Citation # (If Issued)					Most Harmful Event 1 9 9 11 Totaled								~		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 24 6										
	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y 8 6										
ſ	Ple Name (Last Fir		operator and a	ll occupants involv	ved dress		Age/DOB		26 Seat Saf Pos. Sy	27 28 fety Airbag stem Statu	29 Airbag s Switch			njury [Fran	33 nsp. ode Medical Fa	acility
- 1		Non-Motorist		See Ab					1	4				10 1	III Sieur I o	,
t	operator.	voii-iviotorist						1 1	1-	1	-		- J	10 1		
	operator.	VOII-IVIOIOI ISI														
	operator.	NOII-WIOTOTIST														

Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Name of Intersecting Roadway/Street Feet N S W of Route# Intersection	Local Police MBTA Police Other: CRSECTION: Exit Number Exit Number Ing Roadway/Street Ing Roadway/Street							
Route# Direction Name of Roadway/Street Also at Intersecting Roadway/Street Feet N E W of	ERSECTION: Doadway/Street DrExit Number Exit Number Ing Roadway/Street dmark Reg State XX Veh Config. 97 20							
Route# Direction Name of Roadway/Street At Secretary State	Exit Number Exit Number ing Roadway/Street dmark Reg State XX Veh Config. 97 20							
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street	Exit Number ing Roadway/Street dmark Reg State XX Veh Config. 97 20							
Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet N S W of Route# Intersection Mile Marker	Exit Number ing Roadway/Street dmark Reg State XX Veh Config. 97 20							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet S W of Route# Intersection	Exit Number ing Roadway/Street dmark Reg State XX Veh Config. 97 20							
Also at Intersection with Feet N S E W of Endorsment Of the Feet N S E W of S E W	Reg State XX Veh Config. 97 20							
Route# Direction Name of Intersecting Roadway/Street St DOB/Age Reg # UNK Veh Make UNK	Reg State XX Veh Config. 97 20							
License # St DOB/Age Reg # UNK Reg Type UNK	Reg State XX Veh Config. 97 20							
License#	Veh Config. 97 20							
Sex_Lic. Class 18 18 18 Lic. Restrictions 19 CDL_Endorsment	Veh Config. 97 20							
Sex_Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Owner Last First Address Address Address Address Address City State Zip City State Zip City State Zip Owner City State Zip Damaged Area Vehicle Action Prior to Crash 1 21 Damaged Area Vehicle Travel Direction: NX E W Responding to Emergency? N Event Sequence 99 22 22 22 22 23 30 31 31 31 32 33 34 34 34 34 34 34	Veh Config. 97 20							
Operator Company								
Address	Middle							
City State Zip City State Zip City State Zip City Vehicle Action Prior to Crash 1								
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Sequence 99 22 22 22 22 23 3 Citation # (If Issued)								
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above 14 Action 15 Location 16 Condition 17 Please Select One of the Following: Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 License # St DOB/Age Reg # Reg Type Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Operator Owner Last First Middle Address	Code: (Circle Up to Three)							
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 1 9 9 24 24 1 9 9 24 24 1 9 9 24 24 1 9 9 9 24 24 1 9 9 9 24 24 1 9 9 9 24 9 9 9 24 9 9 9 24 9 9 9 24 9 9 9 24 9 9 9 9	4							
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above	10 Undercarriag 5 11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override	6							
Operator See Above Non-Motorist A Type Vehicle#Occupants Non-Motorist A Type Id Action License # Reg Type Sex _ Lic. Class Lic. Restrictions See Above Non-Motorist A Type Veh Year Veh Make Endorsment Operator Owner Last								
Please Select One of the Following: Vehicle	32 33 njury Transp. Code Medical Facility							
of the Following: Vehicle#Occupants								
of the Following: Vehicle#Occupants								
of the Following:								
of the Following: Vehicle#Occupants								
Sex Lic. Class 18 18 18 Lic. Restrictions 19 CDL Veh Year Veh Make Endorsment Veh Year Veh Make Veh Mak	Hit/Run Moped							
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make								
Operator Owner	Veh Config. 20							
Address Address	Middle							
CityStateZipCityState	Address							
instraince company vehicle Action Thor to Classi	venicle Action Prior to Crash							
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 23	Event Sequence 10 Undercarriage							
Citation # (If Issued) Most Harmful Event 9	Most Harmful Event 9 5 11 Totaled							
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code \[\begin{array}{c c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Driver Contributing Code 25 8 7 6							
Violation 3: ChSec Violation 4: ChSec Underride/Override								
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code	32 33							
Operator/Non-Motorist See Above	32 33 njury Transp. Status Code Medical Facility							
	njury [Transp.]							
	njury [Transp.]							



Crash Narrative:

Witnesses:

THE OPERATOR OF MV#1 STATED HE WAS TRAVELING NORTH BOUND ON LEXINGTON ST WHEN HE WAS STRUCK BY MV#3 CAUSING
HIM TO HIT MV#2. THE OPERATOR OF MV#1 STATED MV#3 CAUSED THE ACCIDENT BUT DROVE AWAY. HE STATED THAT HE

STRUCK MV#2 ON THE DRIVERS SIDE WHICH PUSHED HIM ONTO THE SIDEWALK TAKING DOWN A TRAFFIC SIGNAL POLE. THERE

WAS DAMAGE TO THE D/S FRONT OF MV#1.

THE OPERATOR OF MV#2 STATED THAT MV#1 HE WAS TRAVELING SOUTH BOUND ON LEXINGTON ST WHEN MV#1 CAME ONTO THE WRONG SIDE OF THE ROAD, STRUCK HIM ON THE DRIVER SIDE, CAUSING HIM TO GO ONTO THE SIDEWALK AND TAKE DOWN A TRAFFIC LIGHT POLE. THERE WAS DAMAGE TO BOTH D/S, P/S, AND REAR OF MV#2.

MV#3 HIT AND RAN FROM THE SCENE. NO ONE GOT A PLATE OR DESCRIPTION OTHER THEN POSSIBLY A PICK UP TRUCK.

BOTH VEHICLES WERE TOWED BY TODY'S TOWING AND BOTH OPERATORS DECLINED MEDICAL ATTENTION.

(Continued on next page)

Name (Last, First, Middle)		Address			Phone	#	Statement
MURPHY, EDWARD,		162 POND ST RANDOLPH,					Y
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
, CITY OF NEWTON,	,			3	1 TRAFFIC LIGHT F	POLE	
Truck and Bus Information: Carrier Name	Registration #			,	Carrier Iss	uing Authority Cod	e 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			
Hazmat Information:							
Placard 40 Material 1 digit #	# 41 Material Na	me		Material 4	digit #	_ Release code	42

-	Direction 1 =	Vehicle 1 2	+Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→ 2	<u> </u>	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
TRAFFIC OFFICER GAUDET TO	OK PICTURES OF DA	MAGE TO THE	CITY PROPER	TY.		
SEE INDEPENDENT WITNESS S	TATEMENT.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Coo	35 de
Address			City		St Zip	
						36
US DOT #:	_		Issuing State	ICC #:	Interstate	
Cargo Body Type Code 37 Gre	oss Vehicle Weight	38			_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:			105 1041_	1141101		
40	41					42
Placard Material 1 digit	# Material Nan	ne		Material 4 digit	# Release code	
MATTHEW C TOCCI			NEV	VTON POLICE DEPARTM	04/22/2	021
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00