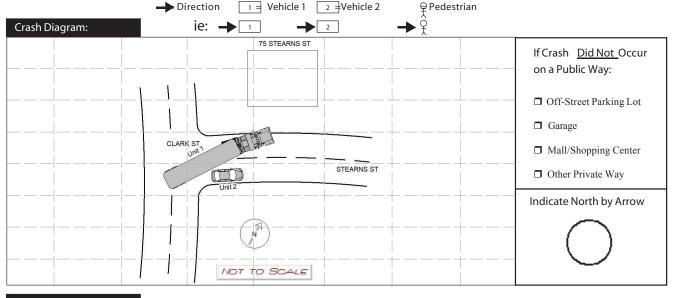
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	\$		RMV	Docum	ent Number	
	Date of Crash 07/16/2021	Time of Crash 09:59 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		l Latit	ed Limit tude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		OCAT		>	_					TION:	
	EAST	Γ STEAR	NS ST											2
1 1	Route# Direc	tion		oadway/Street		Route# Direction	on Ad	ldress #		Na	me of R	oadway/S	Street	2
	At NORTH CLARK ST					Feet N S E W of • or								_ _
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number Feet N S E W of								_	
Also at Intersection with					Feet NSEW of						way/Street	- 1		
1	Route# Direc	tion	Feet NSEW ofLandmark									_ 1		
3	XVehicle1	#Occupants	Number		21	100000515						7		
	_		Hit/Run	<u> </u>		3DR 378	۷.	100000313		ΔP		D 0	OK OK	-
	License # Sex_M Lic.	Class B 1		DOB/Age		3DR378 2020	Val	h Maka Fl	Reg Ty R HT				State OK	-
4	Operator PAF		ZEPHANIAH	Endorsment	Owner XPRESS U.S.									- 7 1
1		MPIRE BLVD (a	apt. C16)	Middle	Address 4080 JENKINS RD									_ 7
	City BROOKI	LYN	State	e NY Zip 11213	City CHATTANOOGA State TN Zip 37421									_
	Insurance Com	pany_US XPRES	SS		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)
5	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event Sequence 47 22 20 22 22 22 2 4 4 4 7 22 20 22 22 22 22 22 2 4 4 7 22 20 22 22 22 22 22 22 22 22 22 22 22									
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·			Most F	Iarmful Event	20 23		24	←	9		10 Undercarr 5 11 Totaled	iage
⁶ 1	1			:: ChSec		Contributing Co	ode 25	12 24	8		7		6	
1				:: ChSec	Underr	ide/Override		Towe		9 30 ag Eject	31 Trap	32 Janjury Tran	33	1
	Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above				Seat Safety Airbag Airbag Seat Safety Airbag Seat Safety Airbag Seat Safety Airbag Safety Airbag Seat Safety Airbag Seat Safety Airbag Safety Airbag					Medical Facili	41			
	Operator			See Above				99	4 99	0	0	10 1	lyA	
7					1	4			10		17			
3	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Type	e 1	Action	Loca	ation	Conc	lition	17	Hit/	/Run Mop	ed
	License#		St	DOB/Age	Reg# 1AWM68					Reg Type PAN Reg State M.			tate_MA	_
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			CDL	Veh Ye	Veh Year 2013 Veh Make LEXS Veh Config. 1						fig. 20		
8 1	Operator	Operator Endorsment Last First Middle					Owner COOPER SHARON Last First Middle							_
	Address City State Zip					Address 625 BOYLSTON ST								-
						City NEWTON State MA Zip 02459								
	Insurance Company PROGRESSIVE INS Value Travel Direction: N. S. W.W. Bearonding to Emergence 2N					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three) Event Seguence 22 22 22 22 3 4								ee)
	Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued)					Most Homeful Front (23)								iage
	`	n 1: Ch Se	Driver Contributing Code 1 24 24											
		n 3: ChSe	Underride/Override 25 Towed N 8 7											
	Pl Name (Last Fi		operator and all o	occupants involved		A/DOD		26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap	njury Tran	33 lisp.	lite.
		Non-Motorist		See Above		Age/DOB	Sex	Pos. System	ii Siaius Sw	itch Cod	e Code	Status Co	de Medical Facil	iii.y
										+				



Crash Narrative:

On Friday 7/16/2021 at approx 0959hrs, while assigned to N495, I responded to the intersection of Clark St and Stearns St for a jackknifed semi truck. Upon arrival I observed MV1's front wheels resting on the curb in front of 75 Stearns St. There appeared to be fresh damage and tire marks to the front lawn (grass only) at 75 Stearns St. MV2 was initially parked at the corner of Stearns St and Clark St (EB side) but was later moved by the owner to allow MV1 to maneuver more easily.

Operator of MV 2 states that she found damage to her driver side bumper and trunk which she believes was

Operator of MV 2 states that she found damage to her driver side bumper and trunk which she believes was caused by MV1. It should be noted that I could not determine whether the paint damage was fresh as there were other places on the bumper that had obvious signs of older damage.

Operator of MV1 states that he was following his GPS which led him to attempt a right turn onto Stearns St.

(Continued on next page)

Witnesses:												
Name (Last, First, Middle)	Address			Phone #	Statement							
Property Damage:												
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Damag	jed Property					
MACLEAN, JOHN,	75 STEARNS ST NEWTON,MASS	ACHUSETTS 02	617-964-7332	97	FRONT LAWN GRASS DAMAGE							
Truck and Bus Information: Carrier Name US XPRESS	Registration # 3DR	378	(From Vehic	ele Section)		Carrier Issui	ing Authority Cod	e 35				
Address 4080 JENKINS RD			City_CHATTANOOC	GA .		St_OK	Zip_03765	i9				
US DOT #: 303024		Issuing State TENN	IES ICC #:_			_ Interstate 1	36					
Cargo Body Type Code 97 37 Gross Vehicle Weight 2 38 Trailer Reg #: CA6487 Reg Type TR Reg State TENNESS Reg Year 2021 Trailer Length 4 39												
Hazmat Information:												
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#_		Release code	42				

	→ Direction 1	☐ Vehicle 1 ☐ 2	≥ =Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🛚	→	→	Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off-Street Parking	z Lot
					☐ Garage	S Lot
		- + 		+	☐ Mall/Shopping Ce	antar
		<u> </u>		+	Other Private Way	
		 -				
		į į	į		Indicate North by A	rrow
				+		
Crash Narrative:						
contact with MV2.	e the turn with	MV2 parked o	lose to the cu	irb. He s	stated that he did not make	2
——————————————————————————————————————						
We						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					Carrier Issuing Authority Cod-	e 35
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	Trai	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	git # 41 Material N	Name		Material 4 di	igit# Release code	42
KEVIN DURICKAS			NEWTO	ON POLICE DEPARTM	07/16/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)