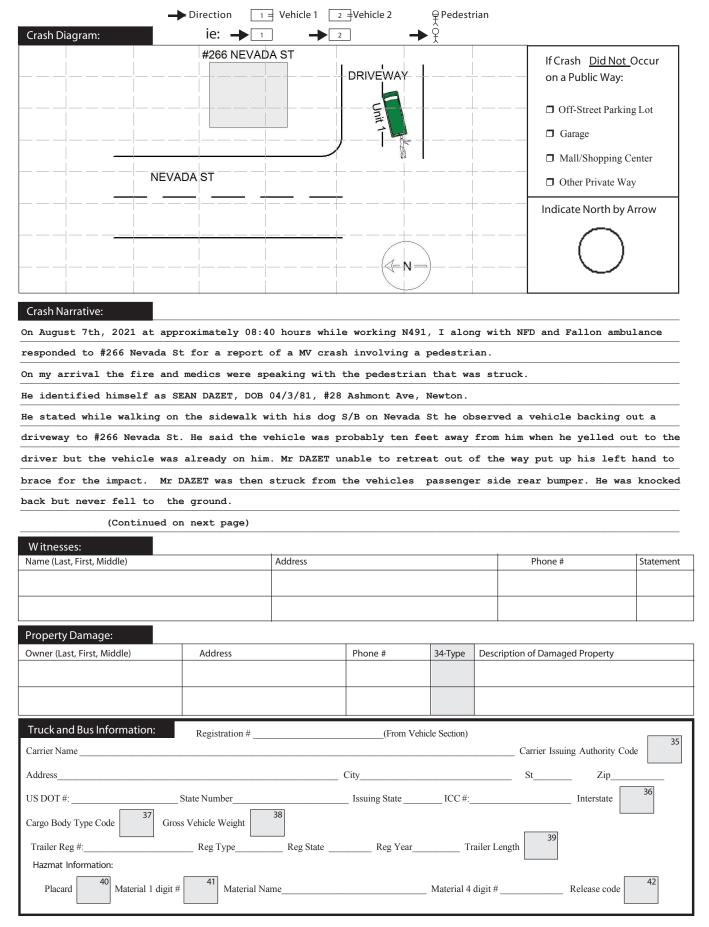
		ce Use Only		Common												Number	
	Date of Crash 08/07/2021	Time of Crash 08:40	h City/T NEWTON	own M	otor V			sh	Number Vehicles				Limit de		- Sta	ate Police cal Police BTA Police	XI.
ļ	.,,,,	24HR	2			e Rep			1	1			tude_		Otl	her:	
-		AT INTE	RSECTION:	<	LOC	CATION	>			N	OT A	AT I	NTE	RSE	CTI	ON:	
l							WEST	266		NEV	ADA	ST					
	Route# Direct	ion	Name o	f Roadway/Street		Route#	Direction	n Add	dress #			Nam	e of R	oadway	y/Stree	et	
1	At					Feet NSEW of or											
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number											
			Also at Inte	ersection with		_	_Feet N	SE	N of	Rou	ite#	Int	tersect	ing Ro	adway	/Street	_
	Destrict District Destrict Des					Feet NSEW of											
4	Route# Direction Name of Intersecting Roadway/Street					Landmark											
	XVehicle1	1_#Occupants	s Hit/Run	Moped	Case Num	ber		210	00000588	8							
ľ	License#		St M	IA DOB/Age	Re	g # 8BR515				Reg	Туре	PAN		Reg	g State	MA	
	Sex M Lic. C	Class D 18	18 Lic. Restriction	19		eh Year_2003	1	Veh	Make C					Veh C		20	
			PATRICK	Endorsn	nent Ov	vner (Sam											
	Address 343 LI	Last NWOOD AVI	First E	Middle										Midd	Ie		_
	City NEWTON			tate MA Zip 02460		Address City State Zip											
	Insurance Comp					Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)											
				ponding to Emergence	 cv? N Ev	ent Sequenc	ee 3 22	2 22	22	22	2		3		4		
_	Citation # (If Is					ost Harmful		3 23					1			10 Undercari	riage
				n 2: ChSec		iver Contrib			9 24	24		_	9		\int_{0}^{5}	11 Totaled	
٦	Violation		Underride/Override 25 Towed N 8 7 6														
+	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Eject Trap Injury Transp.											
ŀ	Name (Last Firs	t Middle)	1	Addres See Abo			e/DOB	Sex Po	os. Systen	n Status S	switch 99			status (Code 1	Medical Facil	lity
ŀ	operator			5001100					+	7	99		0	10	-		
ŀ								_	+								
	Please Select O of the Followir		le# Occupa	nts Non-Motori	st A Type .	14 Acti	on 2	Loca	tion 9	16 Co	onditio	n 1	17	ПΗ	lit/Rur	n Mop	oed
1		ig.					_										
	License # St DOB/Age 19 19					eg # Reg Type Reg State							-				
4	Sex M Lic. Class Lic. Restrictions CDL Endorsment					eh YearVeh MakeVeh Config.											
	Operator DAZET SEAN Last First Middle					Owner Last First Middle									_		
	Address 28 ASHMONT AVE					Address									-		
	City NEWTON State MA Zip 02458					21 D 14 C 1 (C 1 H 4 Tl)									_		
	Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)										ree)	
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 10 Undercarriage											
	Citation # (If Issued)					Most Harmful Event 5 11 Totaled											
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 25 8 7 6											
Į	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					nderride/Ove	rride		Towe			20	21	22			
	Ple Name (Last Fir		or operator and a	l occupants involve		Af	ge/DOB		26 27 eat Safety Pos. Syste	28 Airbag m Status	Airbag Switch	Eject Code	31 Trap 1 Code		ransp. Code	Medical Faci	ility
	Operator/I	Non-Motorist		See Abo	ve									8	1		
								\dashv	+						\dashv		



→	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestri	an	
Crash Diagram:	ie: → 🛚 1	2	■ →	· Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					— ☐ Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
				+	Other Private Way	
	· — — — —			+	Indicate North by A	
					malcute Northby A	iiow
				+		
Crash Narrative:						
Mr DAZET reported the vehic	cle backing out	was going h	e estimated be	tween 5/1	0 miles per hour prior to	the
crash.						
Mr DAZET reported to the m	medics he was e	experiencing	left hip and l	eft shoul	der pain. However he signe	ed a
patient refusal.						
I spoke with the operator of	of involved veh	nicle identif	ied as Patrick	Alvarez.	He stated while he was ba	acking
out from the driveway to #2	266 Nevada St	his vehicle	made contact w	ith the p	pedestrian. He further state	ted he
never saw the person walking	ng past the dri	lveway as he	was backing up	until he	heard him yelling out. He	e
immediately stopped his vel	hicle.					
(Continued or	n next page)					
Witnesses:		1				1 -
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:	Desistantian #		(From Vehic	-1- C-stiss		
Carrier Name	Registration #		(From Veni	,	Carrier Issuing Authority Cod	e 35
Address			City		St Zip	
US DOT #:						36
37	s Vehicle Weight	38	issuing state	icc #	metstate	
Trailer Reg #:		Dog St-4-	Dog V	Ta.	ilar Langth	
Hazmat Information:	keg rype	reg state	keg Year	1 rai	nei rengin	
Placard 40 Material 1 digit #	41 Matarial M	ame		Material A A	igit# Release code	42
r iacaid iviateriai i digit #	Iviateriai N	a111C		iviaiciidi 4 di	ıgıι π Kelease code	
THOMAS I MCCARTHY			NEWTO	N POLICE DEPARTA	08/07/20	221

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

-	Direction 1	yehicle 1 2	_= Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🗆	→ 2	□ →	₽		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					—	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
					Other Private Way	
		 			Indicate North by A	
	_	 				
		+				
Crash Narrative:					<u> </u>	
Crasimanative.						
The accident was a low imp	pact crash. Mr	DAZET was giv	en the operato	or's inform	mation along with his ins	urance
in case he had to seek fur	rther treatment	for his non	visible injuri	es.		
Finally Mr DAZET did indic	cate he probabl	y will follow	up with his p	rimary car	re doctor on Monday.	
There was no damage to the	e involved vehi	cle.				
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)		35
Carrier Name					Carrier Issuing Authority Coc	de
Address			City		St Zip	
US DOT #:	_ State Number	38	Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gro	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
Hazmat Information: Placard 40 Material 1 digit	# 41 Matari-1 N	Jama		Matarial 4 4:-	git # Release code	42
Placard Material 1 digit	" Iviaterial N	vaille		_ iviaiciiai 4 dig	Kelease code	
THOMAS I MCCARTHY			NEWTO	ON POLICE DEPARTA	08/07/2	2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)