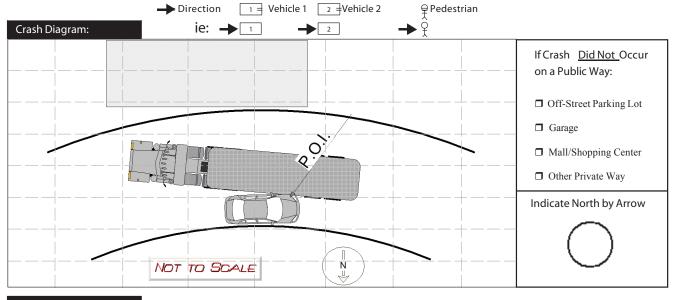
		ce Use Only			monwea				useti	ts					nt Number	
	Date of Crash 08/31/2021	Time of Crash	h City/ NEWTON	Town			icle Cra	ısh	Numb Vehicl			Speed Lin Latitude		- Si	State Police Local Police MBTA Police	
l	00/01/2021	24HR					Report		2	0		Longitud			Other:	
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:									
						SOUTH 2014 WASHINGTON ST										
1	Route# Directi	ion	Name	of Roadway/Str	reet		Route# Direction	on A	ddress #			Name of	f Roadw	vay/Str	eet	_
\exists	At					Feet NSEWof or										
- -	Route# Direct	tion	Name of Intersec	ting Roadway/S	Street	-				Mi	le Mark	er		Е	Exit Number	_
•				tersection with		.	Feet	N S E	W of	Ro	ute# _	Inters	ecting F	Roadwa	ay/Street	_
							Feet	N S E	W of						-9	
	Route# Directi	ion	Name of Inter	rsecting Roadwa	ıy/Street							I	Landmar	k		_
	Wehicle 1	2_#Occupants	ts Hit/Ru	ın Mo	oped Case	Number		2	1000006	50						
7	License#		St	MA DOB/Ag	ge	Reg#	2312453			Res	Type 4	AP	R	eg Staf	te IN	
	Sex_M Lic. C	Place A 18		19	CDL		ear_2015	Ve	h Make						20	_
- 1			JONATHA First		Endorsment		r RYDER TRU						ven	Conng	5-	
	Address 210 M	Last IARKET STRE	EET (apt. 1)		Middle					Firs			Mi	iddle		_
	City LAWREN			State MA 7i	in 01843		Address 11690 NW 105 ST 1E City MIAMI State FL Zip 33178								33178	-
	-		LVANIA MFR I			Valida Astina Brianta Const. 21 Damaged Area Code: (Circle Up to Three)										ree)
\dashv	· ·		(SEW R					22 22	1	22	2	-	3	4	•	
				esponding to Er	mergency:		Event sequence 1 10 Undercarri								riage	
	Citation # (If Iss		ec Violati	ion 2: Ch	Saa		l	1	24	24	1	-	9	5	11 Totaled	
			ec Violati			Driver Contributing Code 9 24 27 4 4 5 6 Underride/Override 25 Towed N 8 7 6										
+		ill out for oper	Underi	Age/DOB Sex Postern Status Switch Code Code Status Code Medical Facility								\dashv				
-	Name (Last First				Address		Age/DOB	Sex	Pos. \$yst	ty Airbag em Status	Airbag E Switch C	Zode Cod	lnjury e Status	Transp. Code	Medical Facili	ity
-	Operator				See Above VENUE (apt 28)				1	4	99	0 0	10	1		
-	ROSA, RAFAE	IL	I	LAWRENCE, M				M	3 1	4	99	0 0	10	1		
													\top			
	Please Select O		:le2 <u>1</u> #Occup	ants Non	n-Motorist A Ty	me. 1	14 Action	15 Loc	cation	16 C	ondition	n 1'	7	Hit/Ru	un Mop	ned
ŀ	of the Followin	ıg:			,											
- 1	License#	18	St_	19	Age <u></u>		40PX05		Reg Type PAN				Reg State MA			
- 1	Sex_F Lic. C		Lic. Restrict		CDL Endorsment	von rouivon von conng.						g. 1				
- 1	Operator DEBRUYN JANICE Last First Middle				Owner (Same as operator) Last First Middle									-		
- 1	Address 4 EAS					Addres	ess									-
-	City_BILLERICA State_MA Zip_01821						City State Zip									
-	Insurance Company_USAA Vehicle Travel Direction: NXEW Responding to Emergency? Citation # (If Issued)					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										ree)
-						Event Sequence 1 22 22 22 22 3 4									i.a.a.a	
-						Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled									паде	
-	Violation	n 1: ChS	Sec Viola	tion 2: Ch	Sec	Driver	Contributing C		19 24	24				ر		
- 1	Violation	1 3: ChS	SecViola	tion 4: Ch	Sec	Under	ride/Override	25	Tow	red_N_	8		<i></i>	6		
L	Ple	ease fill out fo	or operator and	all occupants i	involved Address		Age/DOB		26 Seat Safe Pos. Sys	27 28 ety Airbag stem Status	29 Airbag Switch	30 Trap		Transp. s Code).	ility
I		st Middle)														
l	Name (Last Firs	rst Middle) Non-Motorist		S	See Above				1	4	99 (0 0	10	1		
	Name (Last Firs			S					1	4	99	0 0	10	1		
I	Name (Last Firs			S					1	4	99	0 0	10	1		



Crash Narrative:

Operator of Motor Vehicle #1 stated that he was traveling Northbound toward the exit of the main entrance of Newton Wellesley Hospital. The operator stated that there was a truck parked in the fire lane on the right side which caused him to slightly cross over the other side of the road. The operator then stated that the road was on a bend and realized that motor vehicle #2 was approaching on the opposite side of the road and was not stopping. The operator stated that he realized that motor vehicle #2 was not going to fit and stopped the vehicle. operator of Motor Vehicle #1 stated that Motor vehicle #2 drove into his vehicle causing minor damage.

Operator of Motor Vehicle #2 stated she was driving Southbound on the main entrance road of Newton Wellesley towards the Emergency entrance and realized that the rear end of the 18 wheeler was in her lane and she was

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Property Damage:										
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damage	scription of Damaged Property					
Truck and Bus Information: Carrier Name RYDER TRUCK RENTAL	Registration # 2312453	(From	m Vehicle Section)	Coming Insuit	35					
					ng Authority Code					
Address 11690 NW 105TH STREET City MIAMI St IN Zip 33178										
US DOT #: 16130										
Cargo Body Type Code 99 Gross Vehicle Weight 3 8										
Trailer Reg #: PT3116V Reg Type TRL Reg State PENNSYI Reg Year 2007 Trailer Length 2										
Hazmat Information:										
Placard 40 Material 1 digit #	Material Name	me Material 4 digit # Release code 4								

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedest	rian		
Crash Diagram:	ie: →[1	→	2	→ 🤅			
							If Crash <u>Did Not</u> O	Occur
				_	<u> </u>	_ 	☐ Off-Street Parking	. Lat
								, Loi
		_ _		_		 	Garage	
		_		_		<u> </u>	☐ Mall/Shopping Ce	
							☐ Other Private Way	
							Indicate North by A	rrow
		- -		-+	 			
		- -		 - 	 	<u> </u>		
Crash Narrative:								
trying to veer to the rig	ght to avoid th	ne t	ruck how	ever was unab	le to. Moto	or vehi	cle # 2 sustained mir	nor
damage to the front drive	ers side pillar	r an	d driver	s side mirror				
W								
Witnesses: Name (Last, First, Middle)			Address				Phone #	Statement
D								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Descrip	tion of Damaged Property	
owner (2004) module)	7,444,633			T Holle II	3 · · ·) pc	Безепр	tion or burnagea respect,	
Truck and Bus Information:	Registration #				n Vehicle Section)			35
Carrier Name							_ Carrier Issuing Authority Code	е
Address				City			St Zip	36
US DOT#:	State Number		38	Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight		38					
Trailer Reg #:	Reg Type		Reg State	Reg Ye	ear Ti	railer Leng	gth 39	
Hazmat Information:								101
Placard 40 Material 1 dig	it # 41 Material	l Nam	ne		Material 4	digit#	Release code	42
ZOI H LAZARAKIS					NEWTON POLICE DEPART	Th.	08/31/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)