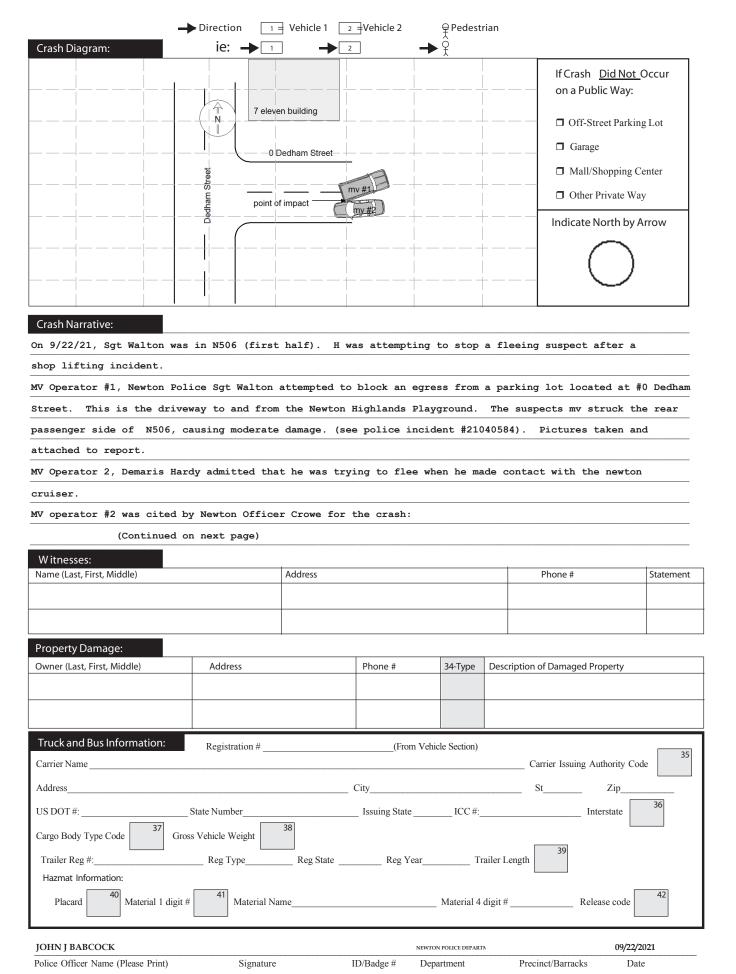
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RM	V Docu	ıment	Number	
	Date of Crash 09/22/2021	Time of Crash 16:25 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Lim itude _ ngitude		Star Loc ME Oth	te Police cal Police BTA Police ner:	XI C
						LOCATION > NOT AT INTERSECTION:							ON:	2	
1						SOUTH	0		DED	HAM S	Γ				
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							t	_ 2 1		
					Feet NSEW of orExit Number										
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of									
2 1					Route# Intersecting Roadway/Street Feet N S E W of										5 1
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									\dashv
1	XVehicle1	_1_#Occupants	Number 2100000743								╛				
	License# — St MA DOB/Age — — — St MA DOB/Age					Reg # MP506B Reg Type MVN Reg State MA									
	Sex_M Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment					Veh Year 2018 Veh Make FORD Veh Config. 20									1
4 1	Operator WA	Operator WALTON TIMOTHY			Owner CITY OF NEWTON Last First Middle ACCOMMON CONNECTION CONNECTION										
	Address 1321 WASHINGTON STREET City NEWTON State MA Zip 02465				Address 1321 WASHINGTON STREET										
	City NEWTON State MA Zip 02465 Insurance Company SELF INSURED					City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
5 2	1	Direction: X		onding to Emergency? Y			22 22	22	22	2	3		(4)		
	Citation # (If I				Most H	Iarmful Event	1 23			1 4	9		l _	Undercarria Totaled	ige
6	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co		24	24		V	\int		1 Totaled	
⁶ 1	Violation 3: ChSecViolation 4: ChSec					Underride/Override									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se Po	26 27 at Safety s. System	28 Airbag A Status S	29 3 irbag Eje witch Coo	0 31 Ct Trap le Code	32 Injury T Status C	ransp.	Medical Facility	1
	Operator			See Above				1	4	1 0	0	10	1		_
															_
7															
1	Please Select C of the Followi	I A Venicia	e2 1_#Occupant	Non-Motorist A Typ	pe 14	Action	Locat	ion	16 Co	ndition	17	X	lit/Run	Море	:d
	License#St MA DOB/Age				Reg # 7BC486 Reg Type PAN Reg S						g State_	MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Ye	veh Year 2016 Veh Make FORD Veh Config. 1									
8 1	Operator HARDY DEMARIS Last First Middle				Owner HARDY TRACY Last First Middle										
	Address 56 HUMBOLT COURT				Address 56 HUMBOLT COURT										
	City ROXBURY State MA Zip 02119 Insurance Company ARBELLA				City ROXBURY State MA Zip 02119 Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							e)			
	Vehicle Travel Direction: N X E W Responding to Emergency? N				Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 20 Q Q										
	Citation # (If Issued) T1272463				Most Harmful Event 1 23								ıge		
	Violatio	n 1: Ch_90/23/I _S	ec Violation	Driver Contributing Code 10 24 97 24											
	Violation 3: Ch_90/24/CSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6									
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Seat Safety Airba Sex Pos. System Stat		28 Airbag A Status S	8 29 30 ag Airbag Eject Tra tus Switch Code Co		31 32 33 ap Injury Transp. ode Status Code Me		Medical Facili	ty
	Operator/	Non-Motorist		See Above				99	4	99 0	0	10	1		
															\neg



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_	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestriar	า	
Crash Diagram:	ie: → 1	→ [2	P ĝ		
					If Crash <u>Did Not</u> O on a Public Way:	
					Off-Street Parking	g Lot
			<u></u>		Garage	
					☐ Mall/Shopping Ce	enter
			 -	+-	☐ Other Private Way	/
				+-	Indicate North by A	rrow
	- — — — — - — — — — —		 -			
				+-		
Crash Narrative:						
> Chp 90/24 operating to e > Chp 90/24/2 leaving the		tu damago				
> Chp 90/23 operating a mv						
- Chp 30/23 Operacing a mv	with a suspend	led license				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration #		(From Veh	icle Section)	Carrier Issuing Authority Cod	35
			6.4			
Address					St Zip	36
US DOT #:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	41					42
Placard Material 1 digit #	# Material Na	ame		_ Material 4 dig	it # Release code	
JOHN J BABCOCK	G: ·			ON POLICE DEPARTM	09/22/20	
Police Officer Name (Please Print)	Signature		ID/Badge # Dep	artment	Precinct/Barracks Date	

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