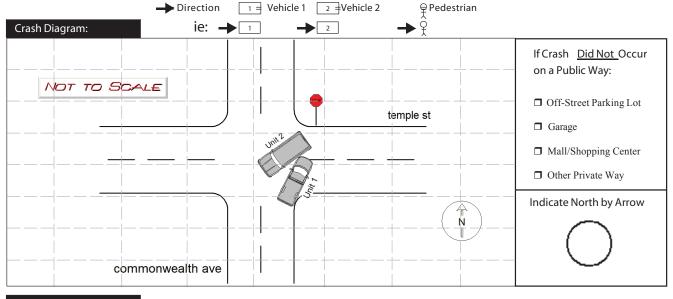
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	uset	tts		RM	V Docu	ment Number			
	Date of Crash 10/01/2021	Time of Crash 07:45 24HR	NEWTON	Motor		icle Cra Report	ash	Num Vehic 2		ured [	peed Lim atitude _ ongitude		State Police Local Police MBTA Police Other:	XI D		
			RSECTION:		LOCA		>		N				CTION:			
	30 WES	т сомм	IONWEALTH AV	E										2		
1 <b>1</b>	Route# Direc						Route# Direction Address # Name of Roadway/Street									
	SOU	Feet NSEW of • or									2					
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Mile Marker Exit Number  Feet N S E W of										
2						Route# Intersecting Roadway/Street										
2 <b>1</b>	Route# Direc	tion	Feet N S E W of									3				
3	X Vehicle 1	#Occupants	☐ Hit/Run	•												
	Z vemere 1	roccupunts			Number	3XJW41		2100000						_		
	License#	18 18 19								g Type_			State MA 20	-		
4		Sex_M Lic. Class D Lic. Restrictions 1 CDL Endorsment  Operator NURNBERGER MATTHEW R					Veh Year 2021 Veh Make TOYOTA Veh Config. 2									
<sup>4</sup> <b>2</b>		Last COMMONWEAL	First	Middle	Owner NURNBERGER MATTHIAS  Last First Middle  Address 124 COMMONWEALTH AVE											
	City NEWTO			te MA Zip 02459												
		<sub>ipany</sub> GENERAI		Zip	City NEWTON State MA Zip 02459  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
5	1	Direction: N		onding to Emergency? N	Event Sequence 1 22 22 22 22 2 3 4											
	Citation # (If I		<u> </u>			Harmful Event	1 2	3				<u> </u>	10 Undercar	riage		
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		1 24	24		-   9		5 11 Totaled			
<sup>6</sup> 1	Violation	3: ChSec	c Violation	4: ChSec	Underride/Override 25 Towed Y 6											
	Please fill out for operator and all occupants involved					Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 afety Airbag	29 Airbag I	30 31 Eject Trap	32 Injury Tr	33 ransp. dode Medical Facil	lity 1		
	Name (Last First Middle)  Operator  See Above					Age/DOB		1			Code Code  O  O	\$tatus   C   10   1	NIONIE	iity		
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A Typ	pe 1	14 Action	15 Loc	cation	16	Condition	17	ППН	it/Run Mor	oed		
	MA				D //	Reg # 1AJW66 Reg Ty					Type PAN Reg State MA			-		
	18 18 19					TO TO						20	-			
8	Sex_M Lic. Class D Lic. Restrictions 1 CDL  Operator PENA JOSE  Lic. Restrictions 1 CDL  Endorsment					Veh Year 2012 Veh Make HONDA Veh Config. 2  Owner (Same as operator)										
<sup>8</sup> <b>2</b>	I	Last DAKLAND AVE	First (apt. 2)	Middle		Last First Middle Address								_		
	City METHUEN State MA Zip 01844					City State Zip										
	Insurance Company HANOVER					Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Event Sequence 1 22 22 22 2 3 4										
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 19 24 24									riage				
	Violatio	n 1: ChSe														
	Violatio	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y									
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 afety Airbag	29 Airbag s Switch	30 31 Eject Trap Code Code		33 ransp. Code Medical Fac	ility		
		Non-Motorist		See Above				1			0	10 1				
								+								



## Crash Narrative:

ON 10-1-21 AT APPROX. 0745HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF COMMONWEALTH AVE AND TEMPLE ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON COMMONWEALTH AVE. HE SAW VEHICLE #2 STOPPED AT THE STOP SIGN AT THE CORNER OF TEMPLE AND COMM. HE STATES VEHICLE #2 ENTERED THE TRAFFIC LANE ABRUPTLY AND TRIED TO GO LEFT. VEHICLE #1 STATES HE SWERVED TO THE RIGHT TO AVOID HITTING VEHICLE #2 STRAIGHT ON BUT WAS UNABLE TO AVOID HITTING HIM ALTOGETHER. VEHICLE #2 STATES HE WAS STOPPED AT THE STOP SIGN AT TEMPLE AND COMM. HE STATES HE HEADED ONTO COMM AVE GOING E-BOUND. AT THIS TIME VEHICLE #1 CAME OVER THE HILL AT A HIGH RATE OF SPEED AND THAT WAS WHY HE WAS HIT BY VEHICLE #1. VEHICLE #1 HAD LEFT FRONT END DAMAGE. VEHICLE #2 HAD LEFT REAR SIDE DAMAGE. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER

(Continued o	on next page)								
Witnesses:									
Name (Last, First, Middle)	Address			Phone	Phone #				
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type			Description of Dama	Description of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)					
Carrier Name					Carrier Iss	suing Authority Co	35 de		
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37 Gro	sss Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tı	railer Length				
Hazmat Information:									
Placard 40 Material 1 digit i	ne		Material 4	Release code	42				

 THOMAS P WALSH
 NEWTON POLICE DEPARTM
 10/01/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

-	Direction	_1 <u> </u>	ehicle 1	2 =Vehicle 2	₹ Pedest	rıan		
Crash Diagram:	ie: →[	1	→[	2	→Ŷ			
	Ie: →[				→ ¥		If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter
Crash Narrative:								
INCIDENT. NEITHER VEHICLE	WAS TOWED.							
					,			
NA/**								
W itnesses: Name (Last, First, Middle)		Ad	ldress				Phone #	Statement
rame (East) instringate)		710					THORE II	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address			Phone #	34-Type	Desc	ription of Damaged Property	
	1.000				2			
Truck and Bus Information:	Desistantian II			/F	W1:1.0.4			
	Registration #			(Fror	n Vehicle Section)		Carrier Issuing Authority Code	35
Carrier Name								е
Address				_ City			St Zip	
US DOT #:	_ State Number			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code G	oss Vehicle Weight	38						
			D ~:	_		., .	39	
Trailer Reg #:	Reg Type		Reg State _	Reg Y	ear Ti	railer L	ength	
Hazmat Information:	41							421
Placard 40 Material 1 digit	# 41 Materia	l Name_			Material 4	digit#	Release code	42
THOMAS P WALSH					NEWTON POLICE DEPART	TA.	10/01/20	121

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)