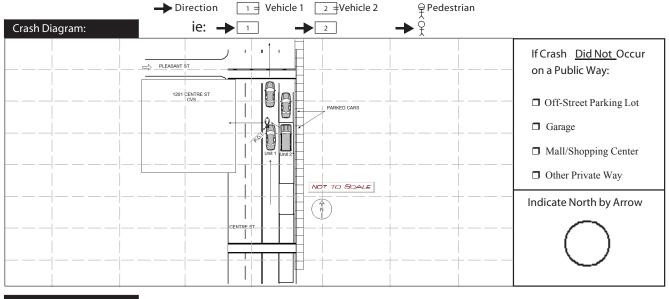
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December	Route# Direc	ction	Name of Intersecti	ng Roadway/Street		Feet N	SEV	v of						
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Sex M   Lic Class   D     Lic Restrictions   1   CDL     Condition   Tour   Same as operator)   Condition   Tour   Condition	License#				Reg	9HK811			_Reg Typ	e PAN		_Reg Sta		_
Operator JOSEPH STEVENSON Domain. National Law True Minimal Address 105 RANKILIN AVE (ppt. 111)  Insurance Company COMMERCE INSURANCE  Vehicle Trivel Direction: X S E W Responding to Emergency? N Event Sequence 3 22 22 22 22 22 23 4  Volution 1: Ch See Violation 2: Ch See Diriver Contributing Code 99 24 10 Underride Override Underride Override Underride Override Underride Override Name date First Middle)  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Above  Please fill out for operator and all occupants involved See Address See Above  Please fill out for operator and all occupants involved See Address See Above See Above See Address See A	Sex_M_ Lic.	Class D 1		1 CDL	Veh	Year_2003	Veh !	Make_HC	ONDA		V	eh Confi	ig. 1	
City REVERE State MA Zip 02151  Insurance Company COMMERCE INSURANCE  Vehicle Travel Direction:	Operator JOS	SEPH Last	First		Own	er (Same as oper	ator)		First			Middle		_
Insurance Company COMMERCE INSURANCE  Vehicle Travel Direction:	Address 105 l					ress								-
Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Address  Non-Motorist A Type  Please Select One of the Following:  License # St. Lic. Class   18   18   Lic. Restrictions   19   CDL Veh Year 2017   Veh Make KIA Veh Config.   20   20   Vehicle Zip   20   Zip	7			MA Zip 02151	City				_					_
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Please fill out for operator and all occupants involved  Age/DOB  Please fill out for operator and all occupants involved  Age/DOB  Age  Age/DOB  Age  Age/DOB  Sex Poss Sold Surfay, Arthough Rubby (Cot Code Solamos Code Solamos Code Solamos Code Solamos Code Solamos Code Code Solamos Code Solamos Code Solamos Code Code Solamos Code Solamos Code Code Solamos Code Code Solamos Code Solamos Code Code Solamos Code Solamos Code Solamos Code Solamos Code Code Sola						er Contributing Co		<u>'</u>			/ <u>  \</u>			
Operator  See Above  Please Select One of the Following:  License # St DOB/Age Reg # 3JMM39 Reg Type PAN Reg State MA  Sex Lic. Class   18   18   18   Lic. Restrictions   19   CDL Veh Year 2017 Veh Make KIA Veh Config.   2   2   2   2   2   2   2   2   2					Unde	erride/Override			<u> </u>	20	21			
Please Select One of the Following:    Non-Motorist A Type			ator and all occupa			Age/DOB	Sex Pos	at Safety A s. System	Airbag Airba Status Switch	Eject Code	Trap Inj Code Sta	jury Trans atus Code	p.	lity
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Of the Following:    Non-Motorist A Type														
Of the Following:    Non-Motorist A Type														
SexLic. Class		IX Mahida	2 <u>0</u> #Occupants	Non-Motorist	A Type		5 Locati	ion 1	6 Condi	tion	17	Hit/F	Run Mop	ped
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City			8	19			Veh !	Make KL					20	_
Address	Operator		_		nt Own	er								
Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec  Violation 3: Ch Sec Violation 4: Ch Sec  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Vehicle Action Prior to Crash  I1 21  Damaged Area Code: (Circle Up to Three)  Event Sequence 97 22 22 22 22 22 22 22 22 22 22 22 22 22				Middle								Middle		
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						Age/DOB	Sex Po	os. System	Status Swite	n Code	Code S	tatus Code	Medical Faci	inty
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	ice Use Only		Commonwe					NT 1				ent Number	
Date of Crash	Time of Crash	City/Town	MIOLO		cle Cra	sh   \frac{1}{\sqrt{1}}	lumber ehicles	Number Injured	Latitu	l Limit _ ıde		State Police Local Police MBTA Police	
	24HR	CT CTT CT		olice R				2100		itude		Other:	_
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Please		ator and all occupa	nts involved Address		Age/DOB	Sex Pos	6 27 Safety System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap Inj Code \$ta	32 3 jury Trans atus Code	3 Sp. Medical Facil	lity
Operator			See Above				-						
Please Select (	I Vehicle	# Occupants	X Non-Motorist A T	ivpe 1	Action 2	5 Location	on 4	16 Condi	tion 1	17	Hit/F	Run Mor	ped
of the Followi	ng:			1			_		_				
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Name (Last Fi	Non-Motorist		Address See Above		Age/DOB	Sex Po	s. System	Status Swit	ch Code	Code S	tatus Cod		
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## Crash Narrative:

Vehicle #1 was traveling northbound on Centre St. at approximately 25 MPH when they witnessed someone enter the roadway on foot from between two parked cars and attempted to cross the road. Vehicle #1 stated they attempted to stop but was unable to do so and struck the person with the front left corner and windshield of the vehicle.

The pedestrian and owner of Vehicle #2 stated he parked his vehicle on the right side of the road and exited the car. He stated he was walking towards the crosswalk and attempted to cross the street from the front of his vehicle. All he remembers is taking a few steps out into the road, being hit, and flying before hitting the ground. He was unaware where he was struck from.

Vehicle #1 had moderate damage to the front and windshield and was towed by Tody's towing. Vehicle #2 was

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Descri	ption of Damag	ged Property	
			•					
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Truck and Bus Information:  Carrier Name			(From Vehi	cle Section)		Carrier Issu	ing Authority Co	35 de
			·				,	de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #:	State Number		City			St	Zip	ode
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode
Carrier Name	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode

DERICK ALAN SIEGAL		30878	NEWTON POLICE DEPARTM		12/02/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1 2	Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	2	■ →	Ŷ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
	_				Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Ce	enter
	- —   — — — —			+	Other Private Way	
				+	Indicate North by A	rrow
	- —   — — —	 				
		<del> </del>		+		
Crash Narrative:						
uninvolved in the crash and	d was parked a	t the time.	The owner of V	ehicle #2	and pedestrian struck was	S
injured and transported by	Medics to Bri	gham and Wome	ns Hospital fo	r injurie	s to his head, left arm, a	and left
leg.						
Operator of Vehicle #1 sta	ted he was uni	njured and re	fused any medi	cal treat	ment.	
It should be noted that the	e accident hap	pened outside	the crosswalk	and the	street lights above where	the
accident occurred were not	working at the	e time of th	e crash making	the road	way dark and visibility	
difficult. Photos of the	accident were	taken and sav	ed on a memory	card.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Pegistration #		(From Vehi	cle Section)		
Carrier Name	Registration #		(From ven		Carrier Issuing Authority Cod	e 35
Address			City		St Zip	
US DOT #:						36
37	ss Vehicle Weight	38	issuing state	100 #	merstac	
Trailer Reg #:	Reg Tyne	Reg State	Reg Year	Trai	ler Length 39	
Hazmat Information:	0 - JY*			1741		
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 di	git # Release code	42
Transfer in	- Internal I	·· -			J. Trestande dodd	
DERICK ALAN SIEGAL		30878	NEWTO	V BOLICE DEBART	12/02/20	121

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)