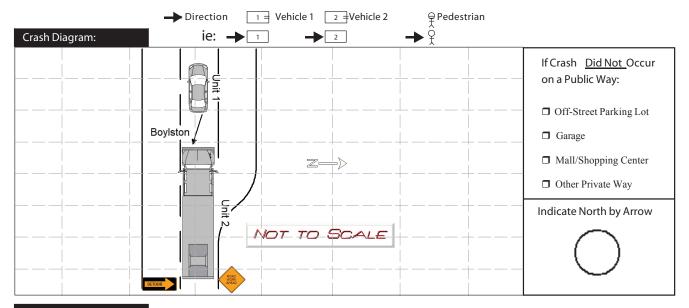
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	usett	S		RM	V Docui	ment Number	
	Date of Crash 06/01/2022	Time of Crash 22:16 24HR	City/Tow NEWTON	MIOTOI		icle Cra Report	sh	Numbe Vehicle 2		ed Lat	eed Limititude _		State Police Local Police MBTA Police Other:	XI XI
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1 4	Route# Direc			oadway/Street		Route# Directi	on A	ddress #		N	ame of I	Roadway	/Street	1
T	NORTH JACKSON ST Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								_ 1
						Mile Marker Exit Number								
		Feet NSEW of Route# Intersecting Roadway/Street									_			
² 1	Route# Direc	tion	Feet NSEW of									2		
3			<u> </u>	ing Roadway/Street	Landmark									\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Case I	Number		2	22000479						
	License#	10 1	St MA		Reg#	7HD877			Reg	ype_PA	AN	Reg	State MA	_
	Sex_M Lic.	Class D 18 1	Lic. Restrictions	1 CDL	Veh Ye	ear_2019	Ve	eh Make_	ORD			_Veh Co	onfig. 20	
4 1	Operator ME	AD III Last	GEORGE	Endorsment EDWARD Middle	Owner	NEWTON PO	OLICE	CITY	First		O	F Middle	e	- 1
	Address 1321	WASHINGTON				1321 WASH	INGTO	ON ST						_
	City NEWTO			e MA Zip 02465	City NEWTON State MA Zip 02465									_
-	Insurance Com	pany CITY OF N	IEWTON		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ree)
5	Vehicle Travel	Direction: N	S X W Respo	nding to Emergency? N	Event Sequence 22 22 22 22 22 22 2 2 3 4 10 Undercarriage									wio o o
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	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex 1 os. system Status switch Code Gode status Code in						ansp. ode Medical Faci	lity 2		
	Operator			See Above				1	4 9	9 0	0	10 1	-	
7 4	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist A Typ	e 1	4 Action	Loc	cation	16 Cor	ndition	17	Ні	it/Run Mo	ped
	License#	icense#StDOB/Age				Reg # <u>W84319</u> Reg Ty					pe_CON Reg State_MA			
	Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh Ye	Year 2022 Veh Make FREIGHTS						_Veh Co	onfig. 20	
8 4	Operator	Last	First	Endorsment	Owner MIG CORP Last First Middle								_	
	Address				Address 1 (apt. 200) ACTON PLACE									_
	City	City_ACTON						State	State MA Zip 01720					
	Insurance Company_THE TRAVELERS INDEMNITY					Vehicle Action Prior to Crash 11 Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel	Direction: N	n: NSEX Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4								
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	Pl Name (Last Fi		operator and all o	occupants involved Address		Age/DOB	Sex	26 Seat Safety Pos. Syste	28 Airbag A em Status S	29 3 rbag Eje witch Co	ode Code	Injury Tra	33 ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above										



Crash Narrative:

On Wednesday, June 1st 2022, at approximately 10:15pm, I, Sergeant Brooks, responded to Boylston street at Jackson street for a city vehicle accident. Upon arrival I spoke with Captain Mead, who was working a paid detail on Boylston street. He stated he was backing his unmarked cruiser (MA REG 7HD877) up when he struck one of the construction vehicles that was parked behind him. I observed damage to the passenger side tail light and quarter panel on the cruiser. Captain Mead stated he was not injured in the crash.

The construction vehicle (MA COM W84319) was parked and unoccupied with its yellow flashing lights activated. I observed minor damage to the front bumper of the vehicle. An employee of MIG Corporation was supplied with the crash report number.

Officer J. March took picutes of the accident and damage and submitted them to the IT bureau for attachment.

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Statement				
Property Damage:									
Owner (Last, First, Middle)		Phone #	34-Type	Descr	iption of Damag				
Truck and Rus Information:		210							
Truck and Bus Information: Registration # W84319 (From Vehicle Section) Carrier Name MIG CORP INC Carrier Issuing Authority Code									
Address 1 ACTON PL		City_ACTON			St	Zip_0172)		
		Issuing State MASSAC ICC #: Interstate							
Cargo Body Type Code 99 37 Gross Vehicle Weight 2 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le	ength 39			
Hazmat Information:									
Placard 40 Material 1 digit #	me	Material 4 digit # Release code					42		

	→ Direction 1	Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	→[2	Ŷ			
						If Crash <u>Did Not</u> O on a Public Way:	Occur
						Off-Street Parking	g Lot
						☐ Garage	
						☐ Mall/Shopping Ce	enter
						☐ Other Private Way	,
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Coral Name time							
Crash Narrative:							
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
				7.	•		
Total and Double Commention							
Truck and Bus Information: Carrier Name	regionation "			icle Section)	Ca	arrier Issuing Authority Cod	e 35
Address			City		S	t Zip	
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							101
Placard 40 Material 1	digit # 41 Material Na	ame		_ Material 4	digit #	Release code	42
JOSEPH J BROOKS		3833	9 NEWTO	ON POLICE DEPART!	\	06/02/20)22

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)