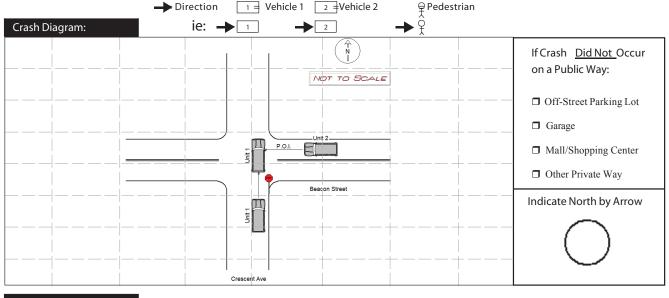
North CRESCENT AVE Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Sex M Lic. Class Distriction State MA Zip Ozinformatical City South State MA Zip Ozinformatical City South State MA Zip Ozinformatical City State City South State City Sex Citation # (If Issued) Sex Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Sec Underride/Override Sec Underride/Override Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Sec Violation 2: Ch Sec Violation 4: Ch Sec Violation 4: Ch Sec Underride/Override Sec Violation 2: Ch Sec Violation 4: Ch Sec		Poli	ice Use Only		Commonwe	ealth	of Massa	achus	setts			RMV	V Docur	nent Number		
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								Sex Po	s. System						inty	
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Crash Narrative:

Operator of MV1 states he was traveling northbound on Crescent Ave approaching the intersection at Beacon Street when he came to a complete stop at the stop sign. Operator of MV1 states he looked both ways on Beacon Street for oncoming traffic and after a motor vehicle passed him traveling eastbound on Beacon Street, he proceeded to cross Beacon Street when he was struck by MV2. The operator of MV1 states his visibility of MV2 was obstructed by the passing vehicle and didn't see MV2 traveling westbound on Beacon Street. MV1 sustained damage to the front right fender and front right passenger door. Tody's towing responded and removed the vehicle from the roadway. No injuries.

Operator of MV2 states she was traveling westbound on Beacon Street approaching the intersection at Crescent

Ave when MV1 appeared in her lane of travel and she struck MV2 head on. MV1 sustained damage to the front

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:	Pagistration #		(F V.1:	la Castion)				
Carrier Name			(From Vehic	e Section)		Carrier Issu	uing Authority Cod	35 le
Carrier Name							-	le
			City			St	Zip	le
AddressUS DOT #:	State Number		City			St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer L	St	Zip Interstate	le

	→ Direction	1 =	Vehicle	1	2 =Vehicle 2	Pedest	rian		
Crash Diagram:	ie: →[1	-	→ □	2	→ 🤅			
								If Crash <u>Did Not C</u> on a Public Way:	Occur
		_						Off-Street Parking	Lot
		İ		į	į			☐ Mall/Shopping Ce	nter
		- -					<u> </u>	— — ☐ Other Private Way	
		_					 	Indicate North by A	
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Crash Narrative:									
end. No tow required and	no injuries.								
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Property Damage:	Address				Dh #	24 7	Ī. D	winding of Domonard Domonards	
Owner (Last, First, Middle)	Address				Phone #	34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #				(From \	Vehicle Section)			25
Carrier Name								Carrier Issuing Authority Code	35
Address					City			St Zip	
US DOT#:	State Number				Issuing State	ICC#:_		Interstate	36
Cargo Body Type Code 37	Fross Vehicle Weight		38						
Trailer Reg #:			Reg St	ate	Reg Year	. Тт	ailer I	ength 39	
Hazmat Information:			5 51		1.05 1.011	11			
Placard 40 Material 1 dig	it # 41 Material	l Nar	me			Material 4	digit#	Release code	42
TIMOTHY F KEEFE					N	EWTON POLICE DEPART	Th.	06/02/20	22

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)