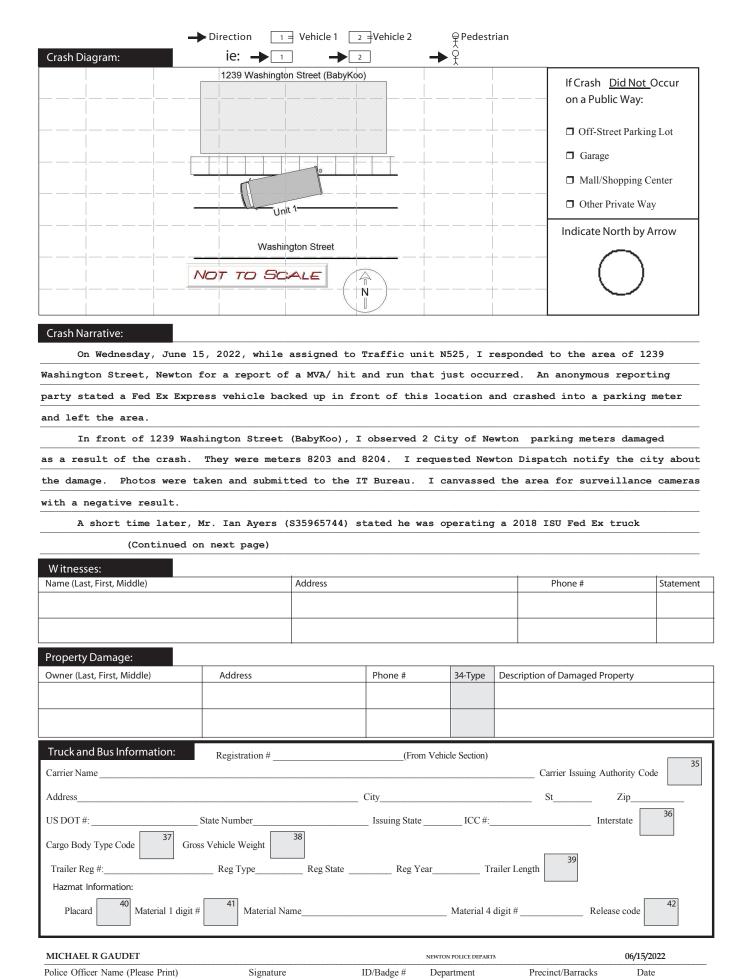
| Date of Crab   Time of Crab   System   Cap Trace   System   Syste  |                | ice Use Only   |                      | Common               |           |                     | _       |                           |                             |             |                      |                   | nt Number                  |      |
|--|----------------|----------------|----------------------|----------------------|-----------|---------------------|---------|---------------------------|-----------------------------|-------------|----------------------|-------------------|----------------------------|------|
| AT INTERSECTION:    Continue   Co |                |                | 1                    | vn Mo                |           |                     | sh      |                           | 1                           |             |                      |                   | tate Police<br>ocal Police | X    |
| Routes   Direction   Name of Roadway/Street   Routes   Direction   Name of Roadway/Street   Routes   Direction   Name of Indersecting Roadway/Street   Feet   N.S.E.W   of   Mile Marker   Roadway/Street   Routes   Direction   Name of Indersecting Roadway/Street   Feet   N.S.E.W   of     |                | 24HR           |                      |                      |           |                     |         | 1                         | _                           |             |                      | C                 | Other:                     | _    |
| Route# Direction Name of Roudway/Street Also al Intersection with Route# Direction Name of Intersecting Roadway/Street Also al Intersection with Route# Direction Name of Intersecting Roadway/Street Also al Intersection with Route# Direction Name of Intersecting Roadway/Street Also al Intersection with Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Feet N S E |                | AT INTER       | RSECTION:            | <                    | LOC       | ATION               | >       |                           | NOT                         | AT I        | NTERS                | SECT              | ION:                       |      |
| Routes   Direction   Name of Intersecting Roadways/Street   Aho at Intersecting Roadways/Street   Aho at Intersecting Roadways/Street   Feet   N   E   W   of   Mitte Marker   or   Exit Number  |                |                |                      |                      |           | WEST                | 123     | 9                         | WASHI                       | NGTON       | ST                   |                   |                            |      |
| Fort   N   E   W   of   Mile Marker   or   Exit Number   | Route# Direc   | tion           |                      | -                    |           | Route# Directi      | on Add  | dress #                   |                             | Name        | e of Road            | way/Str           | eet                        | _    |
| Routest   Direction   Name of Intersecting Roadway/Street   Feed   N.S.E.W. of   Intersecting Roadway/Street   Landmark  | 1              |                | A                    | At                   |           | Feet                | N S E   | w of                      |                             | •           | or _                 |                   |                            | _    |
| Feet   N   S   E   | Route# Direc   | tion N         | Name of Intersecting | g Roadway/Street     |           | -                   |         |                           | Mile M                      | arker       |                      | Е                 | Exit Number                |      |
| Rough   Direction   Name of Intersecting Roudway Steet   Landmark  |                |                | Also at Inters       | ection with          |           | Feet                | N S E   | W of                      | Route#                      | Int         | ersecting            | Roadwa            | ıy/Street                  | _    |
| License #  |                | <del></del>    | N CI .               | · D 1 /G             |           | Feet                | N S E   | W of                      |                             |             |                      |                   |                            |      |
| License   Si M   DOB/Age   Finds   DOB/Age   Finds   License   Si M   DOB/Age   Finds   License   License   Si M   License     | Route# Direc   | tion           | Name of Intersec     | ting Roadway/Street  | 1         |                     |         |                           |                             |             | Landma               | ark               |                            | _    |
| See, M. Lic, Class D. 18 18 1. Lic, Restrictions 1 19 CDL. Veh Year 2018 Veh Make SU Veh Config 2 20 Operator AYERS 1AN Months State MA Zip 02135 City BRIGHTON State MA Zip 02135 City BRIGHTON State MA Zip 02135 City NEEDHAM State MA Zip 02494 Address 151 3RD AYE  Vehicle Travel Direction: N S [X] W Responding to Emergency? Note of Citation # (If Issued) N/A Violation 1: Ch Sec Violation 2: Ch Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 2 10 2 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 2 10 2 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 2 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 2 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override 2 Towed N 10 Undercarriage State Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Address Sequence 10 Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Code: (Circle Up to Three) Sec Underride Override Damaged Area Co | XVehicle1      | _1_#Occupants  | Hit/Run              | Moped                | Case Numb | er                  | 22      | 000528                    |                             |             |                      |                   |                            |      |
| Sec. M. Lie. Class D. 18   | License#       |                | St MA                | DOB/Age              | - Reg     | # T76445            |         |                           | Reg Typ                     | e CON       | ]                    | Reg Stat          | te MA                      |      |
| Operator AYERS IAN   | Sex M Lic.     | Class D 18 1   | Lic. Restrictions    | 1 CDL                | Veh       | Year 2018           | Veh     | Make IS                   | U                           |             |                      |                   | 20                         |      |
| Address 31 UPCREST ROAD  Address 21 STAD AFE  City BRIGHTON  State MA Zip 02135  City NEEDHAM  State MA Zip 02494  Vehicle Trivel Direction: N S XW  Responding to Emergency? N  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override  Please fill out for operator and all occupants involved  Address  Address  Address  Address  Address  Address  Address  Address  Address  City NEEDHAM  State MA Zip 02494  Vehicle Action Prior to Crash  10 21  Damaged Area Code: (Circle Up to Three)  Fent Sequence  10 22 22 22 22  3 6  10 Underredrainage  5 11 Totaled  Vehicle Trivel Direction: N S XW  Nost Hammful Event  10 23  Most Hammful Event  10 24  Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override  Please fill out for operator and all occupants involved  AgeDOB Sec Nos  |                |                | IAN                  |                      | ent Owi   | ner_FEDEX SHIP      | CENTE   | R FED EX                  | SHIP                        |             |                      |                   |                            | _    |
| City BRIGHTON  State MA Zip 02135  City NEEDHAM  State MA Zip 02494  Vehicle Action Prior to Crash  Veh Make  Veh Config  Veh Make  Veh Config  Vehicle Action Prior to Crash  Vehicle Act | Address 31 UI  | PCREST ROAD    | First                | Middle               |           | La                  | st      |                           | First                       |             | N                    | liddle            |                            |      |
| Vehicle Travel Direction: NS XW Responding to Emergency? Notation # (If Issued) NA Violation 1: Ch See Violation 2: Ch See Driver Contributing Code 19 24 24 10 25 11 Totaled  Please fill out for operator and all occupants involved Name (Last First Middle) Non-Motorist A Type Address See Above Non-Motorist A Type Address Non-Motorist A Type Address Non-Motorist A Type Reg State See Lic. Class 18 18 Lic. Restrictions DOB/Age Reg # Reg Type Reg State Non-Motorist Non-Moto |                |                |                      | te_MA Zip_02135      |           |                     |         |                           |                             |             | State_MA             | Zip               | 02494                      |      |
| Vehicle Travel Direction: NS W Responding to Emergency? N  Citation # (If Issued) N/A  Violation 1: Ch See Violation 2: Ch See Driver Contributing Code 19 24 24 1 1 Totaled  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Operator  Please Select One of the Following   | Insurance Com  | npany OLD REPU | UBLIC                |                      | Veh       | icle Action Prior t | o Crash | 10 2                      | 1 D:                        | amaged .    | Area Cod             | le: (Circ         | le Up to Thre              | e)   |
| Citation # (If Issued) N/A  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved  Name (Last First Middie)  Address  AgeDOB Sec Now Non-Motorist A Type  Please Select One of the Following:  Vehicle # Occupants   Non-Motorist A Type   14   Action   15   Location   16   Condition   17   Mit/A   Moped  License # Reg Type Reg State  Veh Config Downer  License # Reg Type Reg State  Veh Config Downer  Downer  Address  Address  Address  Address  City State Zip City  State Zip City  State Zip Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:   N   S   E   W   Responding to Emergency?   Event Sequence   22   22   22   22   23   33   33   3   | Vehicle Travel | Direction: N   | S X W Respo          | onding to Emergency  | ? N Eve   | nt Sequence 10      | 22 22   |                           | <b>22</b> 2                 |             | 3                    | _ (4)             |                            |      |
| Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override    Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 3: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override   Sec Violation 5: Ch Sec Models Incident   |                |                |                      |                      |           |                     | 23      |                           |                             | _  `        |                      | ) _               |                            | iage |
| Please fill out for operator and all occupants involved Name (Last First Middle)  Please Select One of the Following:  See Above or one of the Following:  Please Select One of the Following:  Please Select One of the Following:  St DOB/Age Reg # Reg Type Reg State  Sex Lic. Class Is Is Is Lic. Restrictions Ig Down or other other or other or other or other or other other other or other other or other other or other  | Violation      | 1: ChSec       | c Violation          | 2: ChSec             | Driv      | ver Contributing C  |         | 9 24                      | 24                          |             |                      | ٦                 | 11 Totaled                 |      |
| Please fill out for operator and all occupants involved  Address  AgeDOB  Sex Pos System Nature Repute Eject Transpully Please Select Code Very Post System Nature Repute Please Select Code Very Post System Nature Repute Please Select Code Very Post System Nature Repute Please Select Code Very Post Post System Nature Repute Please Select Code Very Post Post Post Post Post Post Post Post   | Violation      | 3: ChSec       | c Violation          | 4: ChSec             | Unc       | lerride/Override    | 25      | Towe                      |                             |             | 7                    | 6                 |                            |      |
| Operator   |                |                | ator and all occup   |                      |           |                     | s       |                           |                             | 30<br>Eject | 31 32<br>Frap Injury | 2 33<br>V Transp. |                            |      |
| Please Select One of the Following:  |                |                |                      |                      |           |                     |         |                           |                             |             |                      | s Code            | Medical Facili             | ty   |
| Condition   Cond   | 1              |                |                      |                      |           |                     |         |                           |                             |             |                      |                   | ,                          |      |
| Condition   Cond   |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |
| Condition   Cond   |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |
| Condition   Cond   |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |
| License # St DOB/Age Reg # Reg Type Reg State  Sex_ Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config.  Operator Operator  |                | \/obiclo       | e# Occupants         | Non-Motoris          | t A Type  |                     | Loca    | tion                      | 16 Condi                    | tion        | 17                   | Hit/Ru            | un Mop                     | ed   |
| Sex Lic. Class   |                | J              | G.                   | DOD/4                | D.        | "                   |         |                           | D T                         |             |                      | D (1)             |                            | _    |
| Operator   |                | 18 18 19       |                      |                      |           |                     |         |                           |                             |             | 20                   |                   |                            |      |
| Address Address  |                |                | Lic. Restrictions    |                      | ent       |                     |         |                           |                             |             | ver                  | 1 Config          | 3.                         |      |
| City State Zip City State Zip    Insurance Company Vehicle Action Prior to Crash   | 1              |                |                      | Middle               |           |                     |         |                           |                             |             |                      | liddle            |                            | -    |
| Insurance Company  |                |                |                      | 7.                   |           |                     |         |                           |                             |             |                      | 7.                |                            | -    |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 23 4  Citation # (If Issued) Most Harmful Event 23  Violation 1: ChSec Violation 2: ChSec Driver Contributing Code Violation 3: Ch_Sec Violation 4: Ch_Sec Underride/Override Toward System Status Switch Toward System System Status Switch Toward System Status Switch Toward System Status Switch Toward System System Status Switch Toward System System Status Switch Toward System Status Switch Toward System System Status Switch Toward System Status Switch Toward System System Status Switch Toward System Status Switch Toward System System Status Switch Toward System Status Switch Toward System System Status Switch Toward System Status Switch Toward System System System Status Switch Toward System Sys             | 1              |                |                      |                      |           |                     |         |                           | _                           |             |                      |                   |                            | _    |
| Citation # (If Issued) Most Harmful Event  |                |                |                      |                      |           |                     |         |                           |                             | imagea .    |                      | `                 | ле ор ю тте                | ~)   |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Age/DO                   |                |                | S E W Res            | oonaing to Emergency |           | iii sequence        |         |                           |                             |             |                      |                   | 10 Undercarri              | iage |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sec Violation 2: ChSec Violation 4: ChSec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sec Sec Sec System Status Switch Code Code Status Code Medical Facility  | `              | /              | T7' 1 -1             | 2.01. 0              |           |                     |         | 24                        | 24 1                        | ←           | <u>  9</u>           | 5                 | 11 Totaled                 |      |
| Violation 3: ChSec Violation 4: ChSec Underride/Override   |                |                |                      |                      |           | C                   |         |                           |                             |             | 7                    | $\mathcal{L}_{6}$ |                            |      |
| Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility  |                |                |                      |                      |           | lerride/Override    |         |                           |                             | 30          | 31   32              | 2 33              | <u> </u>                   |      |
| Operator/Non-Motorist See Above  | Name (Last Fi  | irst Middle)   | operator and all     | Addres               | SS        | Age/DOB             |         | eat Safety<br>Pos. System | Airbag Airba<br>Status Swit | Eject T     |                      | Transp.           |                            | ity  |
|  | Operator/      | Non-Motorist   |                      | See Abov             | re        |                     | -       |                           |                             |             |                      |                   |                            |      |
|  |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |
|  |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |
|  |                |                |                      |                      |           |                     |         |                           |                             |             |                      |                   |                            |      |



CDP1 11 ·24·00

|  | → Direction          | 1 = Vehic | :le 1 _ 2 | _ <del>_</del> Vehicle 2 | ₽ Pedestri             | ian   |  |           |
|--|----------------------|-----------|-----------|--------------------------|------------------------|---|--|-----------|
| Crash Diagram:                               | ie: →[               | 1         | 2         |                          | <b>→</b> $\hat{\beta}$ |   |  |           |
|  |                      |           |           |                          |                        |   | If Crash <u>Did Not</u> on a Public Way: | Occur     |
|  |                      | _         |           |                          |                        |   | ☐ Off-Street Parking                     | g Lot     |
|  |                      |           |           |                          |                        |   | ☐ Garage                                 |           |
|  |                      | į         | į         |                          | į                      |   | ■ Mall/Shopping Co                       | enter     |
|  | _ — —   — — — –      | - <br>    |           |                          |                        | - — —   | Other Private Way                        | y         |
|  |                      | _         | <u></u>   |                          |                        | - — — — <u>—                               </u> | ndicate North by A                       | rrow      |
|  |                      | <br>      | +         |                          |                        |   |  |           |
|  |                      |           | į         |                          | į                      |   | ( )                                      |           |
|  |                      |           |           |                          |                        |   | $\sim$                                   |           |
| Crash Narrative:                             | '                    |           |           |                          | ,                      |   |  |           |
| (MA CON: T76445) at the                      | time of the cra      | sh. Mr.   | . Ayers   | stated he p              | parked his             | truck in fro                                    | nt of 1239                               |           |
| Washington Street and r                      | an across the st     | reet to   | grab a    | coffee. M                | r. Ayers sta           | ated when he                                    | pulled away h                            | e         |
| thought he heard a soun                      | d but didn't kno     | w what i  | it was.   | Mr. Ayers                | later obse             | rved damage                                     | to his vehicle                           | and       |
| came to the station to                       | report it. Mr.       | Ayers wa  | as advi   | sed.                     |                        |   |  |           |
| Washington Street is a                       | public way maint     | ained by  | the C     | ity of Newto             | on.                    |   |  |           |
|  |                      |           |           |                          |                        |   |  |           |
| W itnesses:                                  |                      |           |           |                          |                        |   |  |           |
| Name (Last, First, Middle)                   |                      | Addres    | SS        |                          |                        | Pho   | ne #                                     | Statement |
|  |                      |           |           |                          |                        |   |  |           |
| D  |                      |           |           |                          |                        |   |  |           |
| Property Damage: Owner (Last, First, Middle) | Address              |           |           | Phone #                  | 34-Type                | Description of Da                               | amaged Property                          |           |
|  |                      |           |           |                          |                        |   |  |           |
|  |                      |           |           |                          |                        |   |  |           |
| Truck and Bus Information:                   | Registration #_      |           |           | (From '                  | Vehicle Section)       |   |  | 35        |
| Carrier Name                                 |                      |           |           |                          |                        | Carrier   | Issuing Authority Cod                    | le        |
| Address                                      |                      |           |           |                          |                        |   |  | 36        |
| US DOT#:                                     |                      | 38        |           | _ Issuing State _        | ICC #:                 |   | Interstate                               |           |
| Cargo Body Type Code                         | Gross Vehicle Weight |           |           |                          |                        |   | 39                                       |           |
| Trailer Reg #:  Hazmat Information:          | Reg Type             | Reg       | State     | Reg Yea                  | r Tra                  | iler Length                                     |  |           |
| Placard 40 Material 1 d                      | ligit # 41 Material  | Name      |           |                          | Material 4 d           | ligit #   | Release code                             | 42        |
| MICHAEL R GAUDET                             |                      |           |           | N                        | EWTON POLICE DEPARTN   |   | 06/15/2                                  | 022       |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)