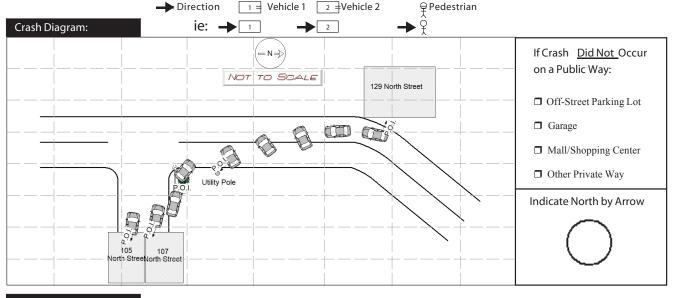
	Poli	ice Use Only		Common	wealth	of Ma	issac	chus	etts			RM	V Doc	umen	t Number	
	Date of Crash 06/19/2022	Time of Crash 22:14	City/To	vn Mo	tor Ve	hicle (Crasl	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	umber ehicles	Numb Injure		ed Limi		St	ate Police ocal Police BTA Police	<u>N</u>
	00/19/2022	24HR	NEWTON		Police	Repor	rt	1		0		ngitude_		O	ther:	
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	Route# Direc	etion N	Vame of Intersectin	z Roadway/Street				~[2]…	01	Mile	Marker		or	Ez	xit Number	_
			Also at Inters			F	eet N	S E W	of	Route		Intersec	ting D	oadwa	u/Street	-
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	Route# Direc	tion	Name of Intersec	ting Roadway/Street								La	ndmark			
	XVehicle 1	2_#Occupants	Hit/Run	Moped	Case Numbe	er		2200	0545							
	License#		St XX	DOB/Age	Reg	# 3FHB79				Reg T	vne PA	N	Re	og State	_a MA	
	Sex M Lic. 0	18 1		19		Year 2002		Veh M	ake SU						20	-
\neg		ELLANA REYES	_	Endorsmer	nt	ner (Same a							_ von c	comig		ŀ
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\neg				onding to Emergency?		nt Sequence			22	<u>]</u> 22 2		3		(4)	•	
		ssued) T2014957		onding to Emergency?				2.3	35				\overline{A})_	10 Undercarr	iage
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				4: Ch 90/17/4 4: Ch Sec		er Contributi		25		8		7		o		
			ator and all occup		Und	erride/Overri	de	26 Seat	Towed		29 3	0 31	32 Injury	33 Fransp.		-
	Name (Last Fir			Address		Age/D		ex Pos.		28 Airbag Air Status Sw	29 3 bag Ejer itch Coc	0 31 Ct Trap le Code	Injury Status	Fransp. Code	Medical Facili	ty
	Operator		21.0	See Above	;				1	4 4	0	0	10	1		
	GARCIA, JUN	IIOR		LTHAM, MA 02453			M	1 3	1	4 4	0	0	10	1		
L	Please Select C	One Vehicle	# Occupant	Non-Motorist	A. Tymo	14 Action	15	Locatio		16 Can	dition	17		Hit/Ru	n Mop	od
·	of the Followi	ng: Venicie	# Occupant	Non-Motorist	A Type	Action		Locatio	п	Con	dition			піі/ки	n woop	ea
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	Operator	Last	First	Middle		ner	Last			First			Mid	dle		-
						ress										-
	City		Sta	teZip	City							State	-	_Zip_		-
	Insurance Com	pany			Veh	icle Action P	rior to C	Crash (2	Π	Damag	ed Area	Code:	(Circl	e Up to Thre	ee)
	Vehicle Travel	Direction: N	S E W Res	ponding to Emergency	? Ever	nt Sequence	22	22	22	22 2		3	7	4		
	Citation # (If I	ssued)			Mos	t Harmful Ev	/ent	23			_	9	$\langle $		10 Undercarr 11 Totaled	iage
	Violatio	n 1: ChSe	ec Violation	1 2: ChSec	Driv	er Contributi	ng Code		24	24	—		\bigvee	ر '		
	Violatio	n 3: ChSe	ec Violation	1 4: ChSec	Und	erride/Overri	.de	25	Towed	8 		7		6		
			operator and all	occupants involved				26 Seat	27 Safety	28 Airbag Air	29 3 bag Eje	0 31 Trap		33 Transp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/[Sex Pos	System	Status Sv	vitch Co	de Code	Status	Code	Medical Facil	lity
	-F-14451/										+		+			\dashv
							-				+	+				

New York Police Report P	Dat	Police te of Crash	ce Use Only Time of Crash	City/To	Commonwes vn Motor				Jumber	Number		MV Doc Limit <u>25</u>		
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Route® Direction Name of Intersecting Roadways/Street Also at Intersecting Roadways/Street Feet N S E W of Feet N S E														
Feet N E	Rot	ute# Direct	ion	Name of	Roadway/Street		Route# Direction	n Addre	ess#		Name	of Roadwa	ay/Street	
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Feet N E W					•		Feet	SEW	of	Route#	Inte	rsecting R	nadway/St	reet
Non-More Case Number Cas							Feet N	SEW	of	resuren	11100	isoving it	Jaa. 1 11 7 15 1	
License # St XX DOB/Age	Ro	oute# Direct	ion	Name of Intersec	ting Roadway/Street							Landmark		
Sex M Lic Class 99	X	Vehicle1	2_#Occupants	Hit/Run	Moped Case	e Number		2200	00545					
Sex	Lice	cense#		St XX	DOB/Age	Reg#	3FHB79			Reg Typ	e PAN	Re	eg State_M	ſA
Operator ORELLANA REYES CRISTIAN Suster Findosment Suster Address 38 BROWN ST (spt. 2) Address 38 BROWN ST (spt. 2) Address Sate Address A	Sex	x_M_ Lic. (Class 99 18		S CDL	_ Veh Ye	ear_2002	Veh N	lake_SU	BARU		Veh (Config.	
Address 188 BROWN ST (apt. 2) City WALTHAM State MA Zip 02453 City State Zip Vehicle Core Or				S CRISTIAN									dla	
City_WALTHAM Insurance Company_FERMANENT GENERAL ASSURANCE CORP OF OI Vehicle Travel Direction: Ny EW Responding to Emergency? Notation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Sec Above Please fill out for operator and all occupants involved Sec Above Sec Above City_State Zip Owner First Middle Address City_State Zip Owner First Middle Address City_State Zip Owner First Middle Owner First Middle Address City_State Zip Owner First Middle Owner First Middle Address City_State Zip City_State Zip Owner First Middle Owner First Middle Address City_State Zip Owner First Middle Owner First Middle Owner First Middle Owner City_State Zip Owner City_State Zip Owner City_State Zip Owner City_State Zip Owner First Middle Owner First Middle Owner City_State Zip Owner City_State Zip Owner First Middle Owner City_State Zip Owner City_State Zip Owner City_State Zip Owner First Middle Owner City_State Zip Owner City State Zip	Ado	dress 138 B	ROWN ST (apt	t. 2)	wiiddie							MII		
Vehicle Travel Direction: NXEW Responding to Emergency? N Citation # (If Issued) T2014957 Violation 1: Ch See Violation 2: Ch See Driver Contributing Code 10 22 22 23 523 51 Totaled Most Harmful Event 35 25 17 Towed Y Violation 3: Ch See Violation 4: Ch See Underride/Override 25 Towed Y Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB See See See See See See See See See Se	City	y WALTHA	AM	Sta	te_MA Zip 02453							tate	_Zip	
Citation # (If Issued) Citati	Inst	surance Comp	pany PERMAN	ENT GENERAL A	SSURANCE CORP OF O	Vehicle	e Action Prior to	Crash	1 21	Da	maged A	rea Code:	(Circle U	Jp to Three)
Violation 1: Ch	Veh	hicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 20 ²		2 22 35	22 2		3)	
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Please fill out for operator and all occupants involved Name (Last First Middle) Agerbob Sex Poss Select One of the Following: Please Select One of the Following: Please Select One of the Following: Please Select One of the Following: License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 18 18 Lic. Restrictions DOP CDL Veh Year Veh Make Veh Config Endorsment Operator Last First Middle Owner Last First Middle Address 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 22 23 4 Nost Harmful Event Direction: N S E W Rosponding to Emergency? Please fill out for operator and all occupants involved Name (Last First Middle) Address Reg Type State Size State Service (City Sex State State Sex State Sex State Sex State State Sex State Sex State State Sex State Sex State State Sex State State Sex State Sex State Sex State State Sex State Sex State Sex State State Sex State State Sex State State Sex State Sex State State Sex State Sex State Sta	-	Violation	1: ChSe	c Violation	2: ChSec	Driver	Contributing Co		24 2			ŢĹ	ار	
Operator See Above Please Select One of the Following: License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 18	L					Underr	ide/Override			<u>Y</u>		,		
Please Select One of the Following: License # St DOB/Age Reg # Reg Type Reg State Sex_ Lic. Class I8 18 Lic. Restrictions I9 CDL Veh Year Veh Make Veh Config. Operator Last First Middle Address City State Zip City State Zip City State Zip Towed Please Gallout for operator and all occupants involved Name (Last First Middle) Name (Last First Middle) Address See Violation 4: Ch Sec Underride/Override See Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 10 Owner Last First Middle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) State Zip Towed See Violation 2: Ch Sec Underride/Override 22 Towed See Reg # Reg Type Reg State Zip Towed See Reg State Veh Year Veh Make Veh Config. 20 Owner Last First Middle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 3 4 10 Undercarriage Tipe Code Sea Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed 8 7 6 11 Totaled See Reg State Veh Year Veh Make Veh Config. 20 Damaged Area Code: (Circle Up to Three) Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 22 22 23 3 4 10 Undercarriage Tipe Code See Travel Direction Travel Direction: N S E W Responding to Emergency? See Travel Direction	Na			ator and all occup			Age/DOB	Sex Pos.	Safety A System	28 29 Airbag Airbag Status Switch	g Eject Ti Code C	ap Injury ode Status	Fransp. Code Me	dical Facility
Condition Cond		Operator			See Above				-					
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License # St DOB/Age Reg # Reg Type Reg State Sex_ Lic. Class			Vehicle	e#Occupant	s Non-Motorist A Ty	ype 1			on 1	6 Condit	ion	17	Hit/Run	Moped
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Violation 3: ChSecViolation 4: ChSecUnderride/Override		Violation	n 1: ChS	ec Violation	n 2: ChSec	Driver	Contributing Co		24					
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Medical Facility		Violation	n 3: ChS	ec Violation	n 4: ChSec	Under	ride/Override					7		
	N			r operator and all	1		Age/DOB		6 27 Safety 2 S. System	28 29 Airbag Airbag Status Swite	30 Eject Tr	31 32 lap Injury Code Status	Fransp.	edical Facility
	\vdash								+					



Crash Narrative:

Witnesses: Name (Last, First, Middle)

The operator of MV1 stated he was traveling on North Street, driving approximately 70 mph and a skunk ran across the street. The operator stated he swerved to avoid the skunk, hit the curb and lost control of the vehicle. He stated once the car rested against the garage to 105 North Street, he and the passenger got out of the vehicle. He stated the passenger told him to leave. The operator stated he walked down Farwell Street and after thinking about what happened he came back to the scene of the accident. The operator and passenger stated they were not injured.

After speaking with the operator, I observed tire marks going South on North Street and followed them to the curb where I believe he struck which was located approximately 100 yards, in front of 129 North Street. From my observations, MV1 struck the curb located in front of 129 North Street. After striking the curb, MV1 spun

Address

(Continued on next page)

Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property	
HOOD, KEVIN,	107 NORTH STREET NEWTON,MASSACHUSETT	ΓS 0: 617-543-2260	97	RESIDENCE	
CUERVO, CARLOS,	105 NORTH ST NEWTON,MASSACHUSETT	ΓS 02 617-480-1628	97	RESIDENCE	
Truck and Bus Information:	Pagistration #	(From Vohio	ala Castian)		

Phone #

Statement

Truck and Bus Information: Registration #	(From Vehicle Section)	35
Carrier Name		_ Carrier Issuing Authority Code
Address_	City	St Zip
US DOT #: State Number	Issuing State ICC #:	Interstate 36
Cargo Body Type Code Gross Vehicle Weight 38		39
Trailer Reg #: Reg Type Reg St	ate Reg Year Trailer Leng	
Hazmat Information:		
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit #	Release code 42

SEAN STAKE

NEWTON POLICE DEPARTS

Police Officer Name (Please Print)

Signature

ID/Badge # Department Precinct/Barracks Date

→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram: ie: 👈 🛚 1] →[2	Ŷ		
				If Crash <u>Did No</u> on a Public Way	
				☐ Off-Street Park	ing Lot
				☐ Garage	
				☐ Mall/Shopping	Center
				Other Private V	
į į į		į		Indicate North by	Allow
					۱ I
	 			\	·
Crash Narrative:					
sideways, continued traveling southbound	, until the	MV crossed int	o southb	ound lane, struck the cu	rb and
then the utility pole 14. After striking	g the curb t	he MV spun arou	nd facin	g north, struck the retain	ining
wall, bushes and light pole, located in	front of 107	North Street.	After s	triking the light pole,	the
vehicle hit the garage door at 107 and 10	05 North Str	eet, resting ac	gainst 10	5 North Street. There wa	as
significant damage to the garage doors to	o 105 and 10	7 and damage to	the sup	port beam located between	n the
residences.					
MV1 sustained major damage to the motor	vehicle. To	dys was notifie	ed for a	tow. Photos were taken	of all
(Continued on next page)					
W itnesses: Name (Last, First, Middle)	Address			Phone #	Statement
(223,7112,1112,1112,1112,1112,1112,1112,1					
Property Damage: Owner (Last. First, Middle) Address		Dhana #	24 Turns	Description of Democracy Duamouts	
Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Registration #		(From Veh	icle Section)		35
Carrier Name				Carrier Issuing Authority C	Code
Address		City		St Zip	
US DOT #: State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code Gross Vehicle Weight	38			l	
Trailer Reg #: Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					
Placard 40 Material 1 digit # 41 Material N	lame		_ Material 4 o	digit # Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

-	\rightarrow Direction $1 = 1$	Vehicle 1 2	y ≠Vehicle 2	₹ Pedestriar	า	
Crash Diagram:	ie: → 1	→ 2	<u> </u>	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot 'enter
Crash Narrative:						
damage and submitted to I	T					
Witnesses:						
Name (Last, First, Middle)	A	ddress			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
					·	
Truck and Bus Information:	Registration #		(Fram Va	ehicle Section)		
Carrier Name				enicie Section)	Carrier Issuing Authority Co	35 de
Address			City		St Zip	26
US DOT #:			Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gr	ross Vehicle Weight 38	3				
Trailer Reg #:		Reg State	Pag Vacr	Tro;1.	er Length	
Hazmat Information:	Reg Type	_ Neg siate	Neg i car_	118116	a rengin	
40	41					42
Placard Material 1 digit	# Material Name			Material 4 dig	it# Release code	
SEAN STAKE			NEW	TON POLICE DEPARTM	06/19/2	2022
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Dat	e

CDP1 11 ·24·00