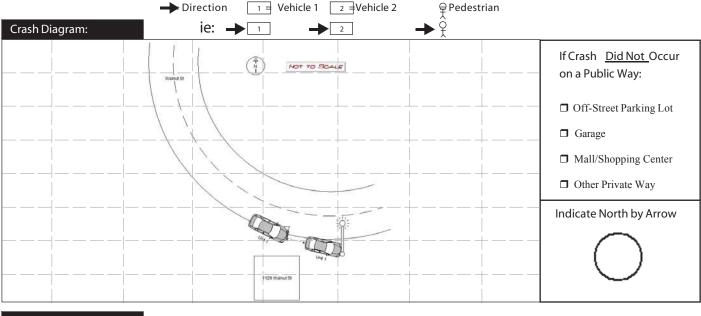
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Address   Addr	<sup>2</sup> <b>3</b>	Route# Direct	tion	Name of Inte	rsecting Roads	way/Street		Feet	N S E	W of								_	1 ''
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Sex_M   Lie. Class   18   18   Lie. Restrictions   1   10   CDL   Veh Year 2007   Veh Make FORD   Veh Config.   10   Veh Conf		XVehicle1	2_#Occupants	Hit/Rt	ın UM	loped			C	ase N	umbe	r 1600	0000269					Ц	
Sec. M. Lie. Class C. Lie. Restrictions I. CDL. Veh Year 2007 Veh Make FORD  Veh Config. I  Productions II  Address SARIBERRY HILL WAY  Address SARIBERRY HILL WAY  Address SARIBERRY HILL WAY  Address SARIBERRY HILL WAY  City MEDDHAM  Instance Company UNKNOWN  Vehicle Travel Direction: NEE W  Vehicle Travel Direction: NEE W  Vehicle Travel Direction: NEE W  Violation 1: Ch. 90/24 Sec.  Violation 2: Ch. 90/24 Sec.  Violation 4: Ch. Sec.  Violation 4: Ch. Sec.  Underride Override  Please fill out for operator and all occupants involved  Address  Address  Address  Address  Personal of the Following: Vehicle George Reg # Reg Type Reg State  Vehicle Critation # (If Issued)  Verkill U.Y., TAUKEN  AS RYBERRY HILL WAY  NEEDHAM, MA 02892  Non-Motorist A Type II  Action II Location II Condition II Direction II			10 1	Q													20	_	
Address STANKEYICH MISHALL  Owner (Same as operator)  Address St RIBERY HILL WAY  Address St RIBERY HILL WAY  Nester MA Zip 02492  City NEEDHAM  Insurance Compuny UNKNOWN  State MA Zip 02492  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Event Sequence 40 22 25 22 22 22 22 22 2 2 3 4 10 Undercarriage  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 1 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 2 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 2 Zil Damaged Area Code: (Circle Up to Three)  Volution 3 · Ch See Violation 2 · Ch See Underride Vehicle Action Prior to Crash 2 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 2 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicle Action Prior to Crash 2 Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NIXE W Responding to Emergency?  Vehicl			Class	Lic. Restric	tions 1	CDL	Veh Ye	ear_2007	Ve	h Make	FOI	RD			_Veh	Config.	1		
Address 3 RIBERRY HILL WAY  Address 24 RIBERRY HILL WAY  State Zip  City NEEDHAM  Insurance Company UNKNOWN  State Zip  Vehicle Action Prior to Crash  Insurance Company UNKNOWN  State Zip  Vehicle Action Prior to Crash  Citation # (If Issued)  Please fill out for operator and all occupants involved  Address	4 <b>1</b>			First			Owner	(Same as ope	erator)			First			Mi	ddle		-	<b>3</b> <sup>12</sup>
Insurance Company UNKNOWN  Vehicle Action Prior to Crash  Vehicle Travel Direction: NXEN Responding to Emergency?  Event Sequence  40 22 23 22 22 22 23 3 4 10 Undervariage  Work Hamful Event  22 33 4 10 Undervariage  Work Hamful Event  22 35 Towed Y  8 7 6  Please fill out for operator and all occupants involved  Name (Last Frest Middle)  Address  Address  Address  Address  Address  City  State  Tipe  Wehicle Action Prior to Crash  1 2 Damaged Area Code: (Circle Up to Three)  10 Undervariage  Driver Contributing Code  10 12 47 7 24 8 7 24 10 Undervariage  Driver Contributing Code  10 12 47 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 24 8 7 6  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 24 8 7 2 8 7 3 3 11 32 7 3 3 11 32 7 3 3 10 10 Undervariage  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 2 3 3 11 32 7 3 3 11 32 7 3 3 10 10 Undervariage  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 2 3 3 11 32 7 3 3 10 10 Undervariage  Driver Contributing Code  10 12 47 7 24 8 7 24 8 7 2 3 3 1 10 Undervariage  10 Undervariage  10 14 Action  10 15 Location  10 16 Condition  17  Hit/Run  Model  Non-Motorist A Type  Reg State  Veh Year  Veh Make  Veh Config.  20  Owner  List Frent Middle  Address  City  State  Zip  Owner  List Januaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Non-Motorist A Type  Non-Motorist A Type  Non-Motorist A Type  Non-Motorist A Type  Reg State  Veh Year  Veh Make  Veh Config.  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction:  N S E W Sequence  Vehicle Action Prior to Crash  Non-Motorist A Type  Non-Motorist A Type  Non-Motorist A Type  Non-		Address 43 RI	BERRY HILL W	AY			Addres	s										-	
Second   Company   Contract   C		City NEEDHA	AM		State MA	Zip_02492	City							_State	e	_Zip_		_	
Citation # (If Issued) R7032406  Violation 1: Ch 99/24dsec Violation 2: Ch 99/24dsec Violation 3: Ch 99/24dsec Violation 3		Insurance Com	pany_UNKNOW	/N						1			·	d Area	Code	e: (Circle	e Up to Thr	ree)	
Citation # (If Issued) R7032406  Violation 1: Ch 99/24dsec Violation 2: Ch 99/24dsec Violation 3: Ch 99/24dsec Violation 3	5	Vehicle Travel	Direction: N	<b>X</b> E W	esponding to	Emergency?	Event S	Sequence 40	22 23 2	2 22 2	2	<b>22</b> 2		3	$\overline{}$	4			
Violation 1: Ch   90/24-Sec   Violation 2: Ch   90/24-Sec   Driver Contributing Code   10   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   24   7   25   7		Citation # (If Is	ssued)_R7032406						22 23	5		1	4		$ \cdot $			riage	
Please fill out for operator and all occupants involved   Address   AgeDOB   Sex   Surface   Missing Bigs	-	Violation	1: Ch90/24/Jec	Violat	ion 2: Ch <del>90</del>	/24/Sec	Driver	Contributing C			7				<u>\</u>		<b>G</b>		
Operator  See Above  YERKINULY, TAUKEN  43 RYBURY HILLWAY NEEDHAM, MA 02492  06/08/1992  M 99 99 1 99 0 0 5 1  Please Select One of the Following:  Vehicle #Occupants Non-Motorist A Type of the Following:  Non-Motorist A Type of the Following:  Veh Year Veh Make Veh Config.  Operator  Last First Modelic  Address  Address  Address  Address  City State Zip City State Zip  Insurance Company  Vehicle Action Prior to Crash Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency?  Event Sequence Zil Zil Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E W Responding to Emergency?  Event Sequence Zil Zil Damaged Area Code: (Circle Up to Three)  Violation 1: Ch See Violation 2: Ch See Underride/Override Zil Towed  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB See Set Safety harbs light plays praise, bedieul Facility  First Middle Medical Facility  First Medical Facil	<sup>6</sup> 2	Violation	3: ChSec	Violat	ion 4: Ch	Sec	Underr	ide/Override	25	Т	owed.	Y 8		7		6			
Operator  See Above  YERKINULY, TAUKEN  43 RYBURY HILLWAY NEEDHAM, MA 02492  06/08/1992  M 99 99 1 99 0 0 5 1  Please Select One of the Following:  Vehicle # Occupants Non-Motorist A Type of the Following:  Veh Year Veh Make Veh Config.  Sex Lie. Class 18 18 Lie. Restrictions 19 CDL Veh Year Veh Make Veh Config.  Operator Last Friest Models  Address  Address  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  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last Friest Middle)  Age/DOB Sec Post Sequence Medical Facility  Veh Gonfig.  10 Undercarriage  11 O'Undercarriage  11 O'Underriage  Set Sec Set Safety harbag liget Iran Figure Tasks Plant Code (Code Medical Facility)  Please fill out for operator and all occupants involved Name (Last Friest Middle)  Age/DOB Sec Post Sequence Medical Facility  Name (Last Friest Middle)  Age/DOB Sec Post Sequence Medical Facility  Page 1			1	ator and all oc	cupants invo			Age/DOB	Sev	26 Seat Sa	27 fety A	28 irbag Air	29 30 bag Ejec	31 Trap	32 Injury	33 Transp.	Medical Facil	ity	23
Please Select One of the Following: Vehicle#Occupants			or made)												5		Modical Laci		
Please Select One of the Following:    Vehicle		YERKINULY,	TAUKEN					06/08/1992	М	99 9	9 1	L 99	9 0	0	5	1			
Condition   Cond					TTEEDITINI, I	(HI 021)2													
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Sex Lic. Class	1			е#Оссир	oants No	on-Motorist A	Type 1			ation	10	Con	dition	17		Hit/Rur	п ПМор	oed	
Sex Lic. Class		License#		St	DOB	/Age	Reg#					Reg T	vne		R	eg State			
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Address	8_			_		Endorsment													
City State Zip City State Zip Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 23 4  Citation # (If Issued) Most Harmful Event 23	1														Mi	ddle			
Insurance Company																Zip			
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 23 3 4  Citation # (If Issued) Most Harmful Event 23  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Medical Facility								Downwood Area Code (Circle Lin to Three)								_			
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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  Driver Contributing Code  24  24  24  Towed 8  7  6  Underride/Override  Sea Sea Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility									23	3				$\square$	A			riage	
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Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex  Age/DOB  Sex  Age/DOB  Sex  Pos. System Status Switch Code Status Code Status Code Medical Facility							_	C		To	wed	8		7		6			
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Operation/140II-1410tionist   See Above				-					Sex	Pos. S	ystem	Status Sv	vitch Co	le Code	Status	Code	Medical Faci	ility	
		Operator/	1 1011-11101011181			See Above								+				$\dashv$	



## Crash Narrative:

MV1 was traveling southbound on Walnut St (a public way in the city of Newton) in the area of 1129 Walnut. It appeared MV1 failed to take the bend in the road, and travelled off the road colliding with a city street sign and a utility pole on the southbound side of the road. The impact of the crash pushed the utility pole back two inches and the crossbeams on the top of the pole snapped. The owner of the vehicle, Mikhail Stankevich (11/02/92), and an occupant of the vehicle, Tauken Yerkinuly (06/08/92) were located shortly after at the intersection of Hartford St and Lincoln St. Both parties stated that they were out for a walk and denied being the driver of the vehicle. After they were identified, Yerkinuly stated they were in the vehicle during the crash. He then stated there was a third occupant and that party was the driver. He could not identify the third occupant who he stated they had just (Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement

Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	jed Property			
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35		
Carrier Name	Carrier Name Carrier Issuing Authority Code								
Address		(	City		St	Zip			
US DOT #:			_ Issuing State	ICC #:		Interstate	36		
Cargo Body Type Code Gross	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra					
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nan	ne		Material 4 d	digit #	Release code	42		

-	<b>→</b> Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> □	2 -	<b>▶</b> ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					Garage	
					☐ Mall/Shopping C	enter
					Other Private Wa	у
	 	— — — <del> </del>			Indicate North by A	Arrow
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Crash Narrative:					<u>'</u>	
met tonight.  Due to the investigation of	on scane Starle	wich was dat	earmined to be	the driver	at the time of the co-	eh
Stankevich was placed under						
and 90/24/C Leaving the so						
All parties on scene refus		<u> </u>		<del>_</del>	<del>_</del>	ied to
check the damage to the po	ole, and notifei	d Eversource	. 5 photos of	the crash sc	ene were taken and for	warded
to the IT Bureau.						
Witnesses:		A d d			Dhana #	Ctatana
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	ription of Damaged Property	
owner (East, First, Middle)	Address		Thone #	311ypc Besch	inputor or burnaged Property	
Truck and Bus Information:	Registration #			hicle Section)	Carrier Leguing Authority Co.	35
Carrier NameAddress						ie
US DOT #:						36
37	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Trailer L	ength 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 digit #	Release code	42
1						