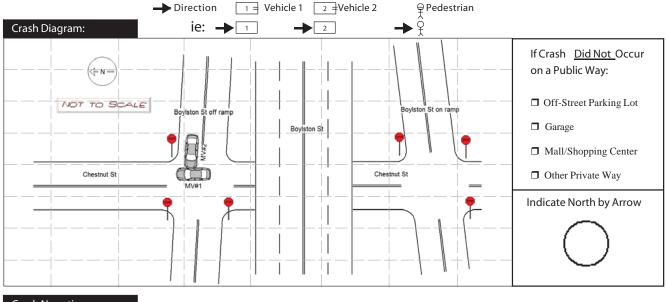
	Poli	ice Use Only		Comn	nonwea	lth o	of Massa	achi	uset	tts			RMV	Docur	nent Number		
	Date of Crash 01/05/2019	Time of Crash 15:40	NEWTON	'own			icle Cra Report	sh	Num Vehic		jured	Latitu	l Limit ide itude_		State Police Local Police MBTA Polic Other:	e 🚨	
		AT INTER	L RSECTION:			OCA		>	2						CTION:		
											,,,,,				0110111		2
1	Route# Direc		NUT ST	of Roadway/Stree	ıt.	I;	Route# Direction		ddress :			Nam	ne of R	oadway	/Street		
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street Feet N S E W of							Street	[2		
	WES'		TON ST			l·	Feet	N S E	W of		ile Ma		— c	or	Exit Number		
	Route# Direc	ction N		ing Roadway/Stre ersection with	eet	— [Feet 1	N S E	W of								
² 3							Feet 1	N S E	w of		oute#	In	itersect	ing Roa	dway/Street	Ī	3
3	Route# Direc	tion	Name of Inters	ecting Roadway/	Street	Landmark										— 	_
3	XVehicle1	2_#Occupants	Hit/Ru	п Мор	ed Case N	Number		1	900000	0021							
			St N	IA DODA		D "	JF749B				m	PAS			g. MA		
	License #	18 1	18	19		-	ear_2012								State MA	1	
4	Sex_F_ Lic.		Lic. Restriction	ons 2 Cl	DL ndorsment									Ven Co	nfig.	J	
2	Operator 110	TIOTTA Last EETHOVEN AV	First		Middle	Owner	STEWART Las 98 BEETHON	t /EN AV	VE.	Fi	rst			Middle	:	_ [1
				tate_MAZip_	02468	Address 98 BEETHOVEN AVE City NEWTON State MA Zip 02468										-	
	City NEWTO	npany_COMMER			02400	-				21					Zip <u>02100</u> Circle Up to Th	— l	
5	1						e Action Prior to	Crash	2 2	22 22		magea	ദ		4	nec)	
1		Direction:		sponding to Eme	ergency?		Sequence 1	2.3					Ĭ,	\overline{A}	10 Underca	rriage	
	,	ssued)					Harmful Event	1	24	. 24	1	⊢	9		5 11 Totaled		
⁶ 2	1	1: ChSec					Contributing Co	ode 25	1] 8	Ų	7		6		
2		3: ChSec				Under	ride/Override		To	owed N		30	31	32	33		
	Name (Last Fir		ator and an occ		Address		Age/DOB	Sex	26 Seat Sa Pos. Sy	27 Airbay stem Statu	3 29 g Airbag s Switch	30 Eject Code	31 Trap I Code S	32 njury Tra status Co	33 ansp. ode Medical Fac	ility	1
	Operator			See 8 BEETHOVEN A	Above				9	99 2	1	0	0	5 1			
	STEWART, PA	AUL		EWTON, MA 02				M	6 4	1 2	1	0	0	5 1			
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-M	Notorist A Type	e 1	Action 1	Loc	ation	16	Condition	on	17	Х Ні	t/Run Mo	ped	
	License#_		St	DOB/Age		Reg # UNK				Reg Type UNK					Reg State_XX		
	Sex Lic.	Class 99 18 1		19	DL	Veh Year_UNK Veh Make_U					20						
8	Operator UN	KNOWN	UNKNOW!	N En	ndorsment		(Same as open	rator)									
1	Address	Last	First		Middle	Last First Middle Address											
				state Zip									State	,	Zip		
	CityStateZip Insurance Company UNKNOWN Vehicle Travel Direction: N S W W Responding to Emergency?									21	Daı	maged	Area	Code: (0	Circle Up to Th	nree)	
							Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2										
	Citation # (If Issued)					Most Hormful Event 1 23									rriage		
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Driver Contributing Code 3 24 24 5 11 Totaled										
							Underride/Override 25 Towed N 8 7 6										
		ease fill out for							_	27 28 afety Airba		30 Eject	31 Trap I	32 njury Tra	33 ansp.		
	Name (Last Fi	Non-Motorist	<u> </u>	Saa	Address Above		Age/DOB	Sex	Pos. S	System Stati	us Switch	Code	Code	Status C	Code Medical Fa	cility	
	Орега:01/	14011-14101011181		366	. 110000				9	פפן כי	99	U	U	5 1			
									+		+					\dashv	



Crash Narrative:

MV#1 was traveling north on Chestnut St. MV#1 was going under the Boylston St bridge, and crossing the intersection of the off ramp from Boylston St, when she was struck on her passenger side by a vehicle.

Operator of MV#1 states that she did not see the vehicle coming, and that she believes that he ran the stop sign. Operator of MV#1 states that she then parked on the side of the road waiting for the operator of MV#2 to come and speak with her. Operator of MV#1 states that MV#2 drove off without passing paperwork.

It should be noted that vehicles traveling north on Chestnut St have the right of was ay this intersection.

All other directions have stop signs.

Airbags deployed in MV#1, both parties were evaluated by medics, and signed a patient refusal.

Both vehicles were driven off scene.

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	cription of Damaged Property		
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issuir	ng Authority Coo	35 le
Address			City			St	_ Zip	
US DOT #:		Issuing State ICC #: Interstate						
Cargo Body Type Code Gross	s Vehicle Weight	38				39		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length								
Hazmat Information:								
Placard 40 Material 1 digit # 41 Material Name Material 4 digit #							Release code	42

JOHN D BERGDORF		NEWTON POLICE DEPARTM	01/05/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date