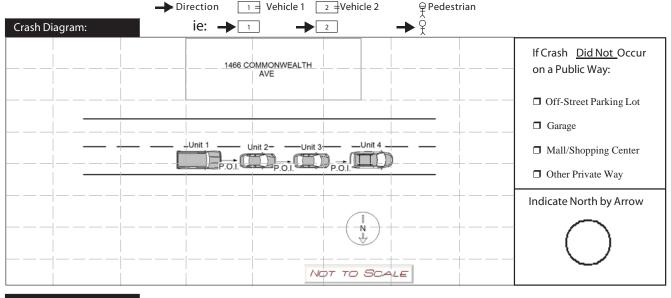
	Poli	ce Use Only		Commonwea	alth (	of Massa	achu	setts	5		RM	V Docu	ıment Nu	ımber	
	Date of Crash 01/11/2019	Time of Crash 09:02 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ired La	eed Lim titude _ ongitude		State I Local MBTA Other:	Police Nolice Nolice Nolice	
			RSECTION:		LOCA'		>						CTIO	N:	┧
						WEST	146	6	CON	MONV	VEALTE	I AVE			2
1 <b>1</b>	Route# Direct	tion	Name of I	Roadway/Street		Route# Direction		dress #			Vame of I		y/Street		2
1			F	Feet NSEW of or									2		
	Route# Direc	etion N	Name of Intersecting	Mile Marker Exit							Exit N	lumber	-		
			Also at Inters	ection with		Feet N	SE	w of	Ro		Intersec	ting Ro	adway/Stı	reet	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$						Feet [N	SE	w of							2
3	Route# Direct	tion	Name of Intersec	ting Roadway/Street							La	ndmark			-
3	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		19	00000043	3						
	License#		St_NH	DOB/Age	Reg#	4107895			Reg	Type_P	AN	Reg	g State_N	H	1
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restrictions		Veh Y	ear_2016	Veh	Make_N	ISSAN	1		_Veh C	onfig.	2 20	
4	Operator FRA		ASHLEY	Endorsment	Owne	(Same as oper	rator)		Firs			Midd	10		1
1	Address 12 CF	Last	First	Middle		Last						Midd	ic		<u> </u>
	City SALEM		Sta	e_NHZip_03079	City_						State	;	Zip		
	Insurance Com	pany PROGRES	SSIVE		Vehic	e Action Prior to	Crash	1	21	Damaş	ged Area	Code:	(Circle U <sub>l</sub>	p to Three)	
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Respo	onding to Emergency?	Event	Sequence 1 2	22 22	22	22	<b>O</b>	3		4		
	Citation # (If Is	ssued)			Most	Harmful Event	1 23			<b>0</b>	9	$\left\{ \right\}$	10 U 5 11 T	Indercarriage Totaled	:
	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co	ode 1	9 24	5 24			<u>\</u>		ounou	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Underride/Override 25 Towed Y 6												
	Please 1	fill out for opera		Age/DOB	Sex S	26 27 eat Safety os. Systen	28 Airbag Status	29 Airbag Eje Switch Co	30 31 ect Trap ode Code	32 Injury T	33 ransp. Code Med	lical Facility	<b>1</b> 3		
	Operator	,		Address See Above				1	4	99 0	0		1		
															1
															-
7 <b>1</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupants	Non-Motorist A Typ	pe	14 Action 1	5 Loca	tion	16 C	ondition	17		lit/Run	Moped	1
	License#		St_MA	DOB/Age	Reg#	4WY882			Res	Type_P	AN	Res	g State_M	A	1
	Sex_M Lic. 0	18 1		19			Veh	Make_C	_			Veh C		1 20	
8 <b>1</b>	Operator BIS	TIS	MICHAEL	Endorsment	Owne	(Same as oper	rator)						υ		
1		Last COMMONWE	First ALTH AVE	Middle	Addre	Last	t		Firs	t		Midd	le		
	City 8 State MA Zip 02135					CityStateZip									
	Insurance Com	pany GEICO	Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)												
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 2 3 4												
	Citation # (If Is	ssued)	Most Harmful Event 1 23 10 Undercarriage								:				
	Violation	n 1: ChS	Driver Contributing Code 1 24 24 1												
	Violation	n 3: ChS	ec Violation	4: ChSec	25						$\frac{Y}{Q}$ $\frac{Y}{7}$ $\frac{Y}{6}$				
			operator and all	occupants involved				26 27 eat Safety	28 Airbag	29 Airbag Ej	30 31 Trap	32 Injury T	33 ransp.	P 18	1
	Name (Last Fi	rst Middle) Non-Motorist		See Above		Age/DOB		Pos. Syste 1	M Status	Switch C	ode Code  0		Code Me	edical Facility	1
															1
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Date of Crash	Time of Crash	h City/1		ionweal					1	, Cna	ed Limi		State Pol		
01/11/2019	09:02	NEWTON	. OWII			icle Cra	sh	Number Vehicles	Injured	Latin	tude _		Local Po MBTA I	olice X	
	24HR	_				Report		4	0		gitude_		Other:		
<u> </u>	ATINTE	RSECTION:		< L	OCAT	IION :	>		NO	AT	INTI	ERSE	CTION:		
]					_										
Route# Direc	tion	Name	of Roadway/Street At		F	Route# Direction	n Add	ress #		Na	me of F	Roadway	/Street		
1					-  -	Feet [N	SEV	of		• Iarker		or	Exit Nun	abar	
Route# Direction Name of Intersecting Roadway/Street					<u> </u>	Feet N	N S E V	7 of	Wille I	Tarker			EXIL INUII	iiber	
1		Also at Int	ersection with		- [			_	Route	]	Intersec	ting Roa	idway/Stree	t	
Route# Direc		Name of Inter	secting Roadway/S	treet	— -	Feet [F	N S E V	of				. 11.			
[V]	4 40										Lai	ndmark			
Vehicles	3 1_#Occupants	s Hit/Ru	n Mope	d Case N	lumber		190	0000043							
License #	18	St	MA DOB/Age		-	5PT961				_		_		20	
Sex_M Lic.	Class D	Lic. Restricti	ons 1 CD	OL	Veh Ye	ear_2013	Veh l	Make_FC	ORD			Veh Co	onfig. 1		
Operator MC	PRGAN Last	THOMAS		Middle	Owner	(Same as open	ator)		First			Middle	e		
Address 49 C	OLBORNE RD	(apt. B2)			Address										
City BRIGHT	ON		State MA Zip 0	2135	City_						_State		Zip		
Insurance Con	npany_VERMON	NT MUTUAL			Vehicle	Action Prior to	Crash	2	<b>1</b> I	Damage	d Area	Code: (	Circle Up to	o Three)	
Vehicle Trave	l Direction: N	S E X	esponding to Emer	gency?	Event S	Sequence $1^{2}$	2 1 22	22	22 2		3		4		
Citation # (If	Issued)				Most H	Iarmful Event	1 23		0	<b>←</b>	9	$\left( \cdot \right)$	10 Und	lercarriage aled	
Violation	ı 1: ChSe	ec Violati	on 2: ChSe	:c	Driver	Contributing Co		24	24						
Violation	ı 3: ChSe	ec Violatio	:c	Underr	ide/Override	25	Towe			7		0			
Please Name (Last Fi		rator and all occ	cupants involved	Address		Age/DOB	Sex Po	26 27 at Safety s. \$vstem	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code		33 ansp. ode Medica	ıl Facility	
Operator				Above				0	4 99	0	0	5 1			
											+				
Please Select (	One		<del></del>		14	4 1	5		16		17		<del></del>		
of the Follow		le4 <u>1</u> #Occupa	ints Non-Mo	otorist A Type	:	Action	Locati	on	Cond	ition	17	Н	it/Run	Moped	
License#		St_ <sup>1</sup>			Reg#	939BD5			Reg Ty	pe_PA	N	Reg	State_MA		
Sex_F_ Lic.	Class D 18	Lic. Restricti	ons 19 CD	DL	Veh Ye	ear_2013	Veh	Make_H	ONDA			Veh Co	onfig. 2	20	
Operator MA	NDEL	RACHEL	R	dorsment	Owner	(Same as oper	ator)		First			Middle			
Address 66 M	ILL ST	First		nidule	Addres	Last			First			Middle			
City NEWTO	'N	;	State MA Zip 0	2459	City_						_State		Zip		
Insurance Con	npany_AMICA				Vehicle	Action Prior to	Crash	2	<b>1</b>	amage	d Area	Code: (	Circle Up t	o Three)	
Vehicle Travel	Direction: N	S E X	Responding to Emer	rgency?	Event 5	Sequence 1 2	22	22	<b>22</b> 2		3		4		
Citation # (If Issued)					M . H . C. I.F										
Violatio	on 1: ChS	Sec Viola	tion 2: ChS	Sec	Driver	Driver Contributing Code 1 24 24 1 9 11 Totaled									
Violatio	on 3: ChS	Sec Viola	tion 4: ChS	Sec	Underr	ide/Override	25	Towed	Y 8		7		6		
		or operator and a	all occupants inv				Se	26 27 at Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap		33 ansp.		
Name (Last F	/Non-Motorist			Above Above		Age/DOB	Sex Po		Status Sw	tch Cod	le Code 0		Code Medic	al Facility	
- Permon						1			1 199	10		J 1			



## Crash Narrative:

On 01/11/2019, I responded to 1466 Chestnut St for a four vehicle accident. On arrival, I spoke with the operator of MV1 who stated that she was driving westbound on Commonwealth Ave and was unsure what happened but thought the vehicle in front of her came to a sudden stop. MV1 stated she attempted to stop but could not, and collided with the rear of MV2. The operator of MV2 stated that he was stopped on Commonwealth Ave behind MV3 when he was hit from behind by MV1 and pushed into the rear of MV3. The operator of MV3 stated she was stopped behind MV4 when he was rear ended by MV3, and pushed into the rear of MV4. The operator of MV4 stated that she was stopped on Commonwealth Ave due to traffic turning into the driveway of 1466

Commonwealth Ave. MV4 stated that she was stopped, with her left turn signal on for some time before she heard the sounds of a car accident behind her.

heard the sounds of a car	accident behind	her.					
(Continued	on next page)						
W itnesses:							
Name (Last, First, Middle)		Address			Phone #	ŧ	Statement
Property Damage:	T				I		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carrier Issu	ning Authority Coc	35 le
Address			City		St	Zip	
US DOT #:	_State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
Cargo Body Type Code	oss venicie weight				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digit	# 41 Material Nat	ne		_ Material 4	digit #	Release code	42

→	Direction 1	Vehicle 1	≥ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	<b>→</b> [2	<u> </u>	₽Ŷ		
						<u>Did Not</u> Occur olic Way:
					Off-S	treet Parking Lot
					☐ Garag	
	- —   — — — —					Shopping Center
						Private Way
	- —   — — —   - —   — — — —		_ — — — + -			North by Arrow
					marcate	Notifiby Allow
					(	
Crash Narrative:						
MV1 sustained heavy front	end damage and	was towed by	Tody's. MV2	sustained	rear end and from	t end damage and
was towed by AAA. MV3 sust	ained rear dama	age and minor	front end da	mage. MV4	sustained minor s	cratches to the
rear bumper. All parties is	nvolved decline	ed medical at	tention.			
Whare						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	Address		Phone #	24 Turns	Description of Domes and F	lua a auto :
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged F	roperty
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		35
Carrier Name					Carrier Issuing A	Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	Ir	nterstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		Material 4 d	igit#Rel	ease code 42
ANDREW SCOTT VELLO			NITIAT	TON POLICE DEPARTM		01/11/2019
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks	Date

CDP1 11 ·24·00