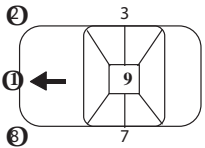
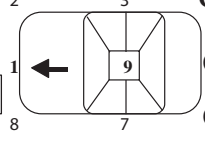


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/22/2019	Time of Crash 09:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 241 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000094	
License # _____ St MA DOB/Age _____			Reg # 4LTS10			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>99</u> <u>19</u> CDL _____			Veh Year 2012			Veh Make FORD			Veh Config. <u>2</u> <u>20</u>	
Operator SHIVERS HILLARY S			Owner (Same as operator)							
Address 132 CLARK RD (apt. B)			Address _____							
City BROOKLINE State MA Zip 02445			City _____ State _____ Zip _____							
Insurance Company NORFOLK DEDHAM MUTUAL			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Citation # (If Issued) T1441211			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch <u>90/134</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>20</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above			-----			1 4 99 0 0 5 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____			Reg # 994YJ4			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>99</u> <u>19</u> CDL _____			Veh Year 2010			Veh Make SUBARU			Veh Config. <u>2</u> <u>20</u>	
Operator JOHNSON KAY			Owner (Same as operator)							
Address 49 BATES RD (apt. 1)			Address _____							
City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____							
Insurance Company L.M. GENERAL			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			-----			1 4 99 0 0 5 1				

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			9 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			10 ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000094							
4 License # _____ St MA DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 99 <input type="checkbox"/> 19 CDL _____ Operator KOLTSIDIS TEODORA M Address 73 STONECREST DR City NEEDHAM State MA Zip 02494 Insurance Company SAFETY INS.			12 Reg # 35A960 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBARU Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20 Owner SHETTY GREESHMA Address 73 STONECREST DR City NEEDHAM State MA Zip 02492 Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed N							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility Operator See Above ----- --- 1 4 99 0 0 5 1							
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____							
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility Operator/Non-Motorist See Above ----- ---										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NEEDHAM ST

Unit 1 Unit 2 Unit 3

#241 NEEDHAM ST-MARSHALLS PLAZA

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 01/22/19 I responded to a three vehicle crash on Needham St. in front on #241- Marshalls Plaza. The operator of veh #1 stated she was driving due West on Needham St. when she looked right at a car waiting to pull out of the parking lot. When she looked back to Needham St., the traffic was stopped and she hit her brakes and snow slid covered her windshield. Operator of veh #1 never saw the impact, but veh #1 struck stopped veh #2 which was pushed into stopped veh #3. Moderate damage to veh #1 and 2 but no damage at all to veh #3. Operator of veh #2 said she was going "2-3 MPH " when she was pushed into veh #3. Operator of veh #3 claimed she was dizzy from the accident and signed a patient refusal from Ambulance #1. Engine #7 was also on scene assisting.

Operator of veh #1 was cited in hand Mass citation #T1441211 for Ch 90/ Sec 13- failure to remove snow from

(Continued on next page)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

♀ Pedestrian

CDP1 11 -24:00