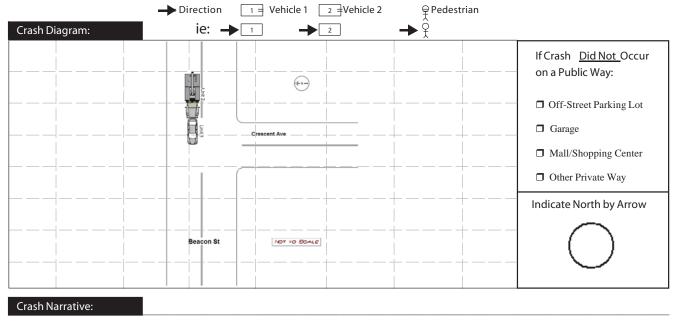
Direction   Time of Crash   Time of Crash   Direction   Directio		Poli	ce Use Only		Comi	monwea	lth (	of Massa	achu	ısett	S		RMV	V Docur	ment Number	
POINCE REDOTT   2 0				1	Town				sh						State Police Local Police MBTA Police	XI XI
Routed   Direction   Name of Roadway/Street   Routed   Direction   Address # Name of Roadway/Street   Pear   Name of Roadway/Street   Name of Roadway/Street   Name of Roadway/Street   Name of Intersecting Roadway/Street   Name of Roadway/Street	_									2					Other:	_
Route# Direction   Name of Roadway/Street   Route# Direction   Address # Name of Roadway/Street   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   NS E W of Male Marker   Or Fast Number   Pret   Or Male Marker   Or Fast Number   Or Pret   Or Male Marker   Or Fast Number   Or Pret   Or Male Marker   Or Fast Number   Or Pret   Or Male Marker   Or Pret   O	-		AT INTER	RSECTION	•	< I	LOCA	ΓΙΟΝ	>		NC	T A	Γ INTI	ERSE	CTION:	_
Route Direction Name of Intersecting Roadway/Street  About a Intersecting Roadway/Street  About a Intersecting Roadway/Street  About a Intersecting Roadway/Street  I Roate Direction  Name of Intersecting Roadway/Street  I Peer N S E W of  Roate Direction  Name of Intersecting Roadway/Street  I DOUGHOUSE  I License B S N N DORNAge Reg # 5088  Reg # 5088  Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator BROWN  HILLARY  Note City  Note of Roadway/Street  I DOUGHOUSE  Address # 50 (RESCINT AVE  City S I M Operator Roadway/Street  Address # 50 (RESCINT AVE  City S I M Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Vehicle Action Pirer to Cross Date of City Veh Torrection City S I Doughouse Reg Reg Reg Reg Reg Reg Reg Reg Reg Re			BEACO	N ST												┢
Route Direction Name of Intersecting Roadway/Street  About a Intersecting Roadway/Street  About a Intersecting Roadway/Street  About a Intersecting Roadway/Street  I Roate Direction  Name of Intersecting Roadway/Street  I Peer N S E W of  Roate Direction  Name of Intersecting Roadway/Street  I DOUGHOUSE  I License B S N N DORNAge Reg # 5088  Reg # 5088  Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator BROWN  HILLARY  Note City  Note of Roadway/Street  I DOUGHOUSE  Address # 50 (RESCINT AVE  City S I M Operator Roadway/Street  Address # 50 (RESCINT AVE  City S I M Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Veh Config I 20  Operator Roadway/Street  I Doughouse Reg # 5088  Reg Type FAR  Reg Name MA  Vehicle Action Pirer to Cross Date of City Veh Torrection City S I Doughouse Reg Reg Reg Reg Reg Reg Reg Reg Reg Re	1 1	Route# Direct	tion	Name		eet		Route# Direction	on Ad	ldress #		N	Name of F	Roadway	/Street	
Rante® Direction Name of Intersecting Roadway/Street    Roadway   Post   No.   Post   No.   Roadway   Roadway/Street	$\dashv$		CRESCI	ENT AVE	At			Feet 1	N S E	W of			•	or		_
Route   Direction   Name of Intersecting Routways/Street   Feet   N   S   E   W   of   Intersecting Routways/Street	-	Route# Direc	tion N	Name of Intersec	ting Roadway/St	reet	-				Mile	Marke	r		Exit Number	_
Peet   S   S   W   of	ľ			Also at In	tersection with			Feet [1	N S E	W of	Rout		Intersec	ting Roa	dway/Street	-
License #   Sec   Lic. Class   District   State   MA   DORAge   Towed   Towe	2							Feet [1	N S E	W of						
License #		Route# Direct	tion	Name of Inter	secting Roadway	//Street	Landmark									
Sex F   Lic. Class   D   18   Lic. Restrictions   19   CDL   Veh Year 2013   Veh Make VW   Veh Config.   10	3	XVehicle1	_1_#Occupants	Hit/Ru	n Moj	ped Case N	Number		19	90000009	98					
Sex F   Lic. Class   D   18   Lic. Restrictions   19   CDL   Veh Year 2013   Veh Make VW   Veh Config.   10		License #		St.	MA DOR/Age		Dog#	5038			P.o.g. T	Cymo P	AR	Род	Stata MA	
Address   Second			18 1	8	19										20	
Address 30 CRESCENT AVE  City NEWTON State MA Zip 02459  City NewTon State MA Zip 02459  City NewTon State Ma Zip 02459  City NewTon Darmaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E N Responding to Emergency?  Vehicle Travel Direction: N S E N Responding to Emergency?  Vehicle Action Prior to Crash 2 2 1 Darmaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E N Responding to Emergency?  Vehicle Action Prior to Crash 2 2 1 Darmaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E N Responding to Emergency?  Vehicle Action Prior to Crash 2 2 1 Darmaged Area Code: (Circle Up to Three)  Nort Hamful Event 1 2 2 1 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 1 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 4 0 10 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 3 4 1 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 3 4 1 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 3 3 4 1 Undercarriage  Nort Hamful Event 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			•		10113										oning.	'  -
City NEWTON State MA Zip 02459 City State MA Zip 02459 City State Zip Damaged Area Code: (Circle Up to Three)  New Find Travel Direction: NS EX Responding to Emergency? Event Sequence 1 22 22 22 23 3 9 11 Totaled  Vehicle Travel Direction: NS EX Responding to Emergency? Event Sequence 1 22 22 22 23 3 9 11 Totaled  Vehicle Travel Direction: NS EX Responding to Emergency? Event Sequence 1 22 22 22 23 3 9 11 Totaled  Vehicle Action Prior to Crash 2 2 21 Damaged Area Code: (Circle Up to Three)  Most Harmful Event 1 23 Driver Contributing Code 1 24 24 24 25 Towed Y 8 7 10 Undercarriage  Please fill out for operator and all occupants involved Ageroas Ageroas Selvey Under Selved Selved Selvey Under Selvey Under Selvey Under Selvey Under Selvey Under Selvey Under Selvey Selvey Selvey Under Selvey Selvey Selvey Under Selvey Selvey Under Selvey Selve	1	Operator 39 CE	Last PESCENT AVE	First		Middle		Las	t					Middle		- [
Insurance Company ARBELLA  Vehicle Travel Direction: NSE Responding to Emergency?  Vehicle Travel Direction: NSE Responding to Emergency?  Violation # (If Issued)  Violation 1: Ch. See Violation 2: Ch. See  Diriver Contributing Code 1 24 24 24 8 7 9 10 Underrarriage  Please fill out for operator and all occupants involved  Address AgeDOB Set Note Above  Please First Middle)  Operator  See Above  Please Select One of the Following: See Above  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped  License # St MA DOB/Age See # Se					а МА	02450										-
Vehicle Travel Direction: NSEX Responding to Emergency?  Event Sequence 1 22 22 22 22 22 23 60 10 Undercarriage  Driver Contributing Code 1 24 22 22 22 22 23 3 60 11 Undercarriage  Please fill out for operator and all occupants involved  Address Age DoB Sex Responding to Emergency?  Please Fill of the following:  Operator See Above  Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped  License #		,			State_VIII_Zip	02439	-									
Citation # (If Issued)  Most Hamful Event  Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24	-											`		,		100)
Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved Naddress Address Address Address Sec Above  Please fill out for operator and all occupants involved Address Address Address Address Sec Above  Please fill out for operator and all occupants involved Address Address Address Address Sec Above Sec Sec Above Sec Address Sec Above Sec Address Sec Addre		Vehicle Travel	Direction: N	S E X	esponding to Em	nergency?	Event	Sequence 1			44		T	$\overline{\mathcal{A}}$	)	rriaga
Violation 1: Ch. Sec Violation 4: Ch. Sec Underride/Override 22 Towed Y 8  Violation 3: Ch. Sec Violation 4: Ch. Sec Underride/Override 22 Towed Y 8  Please fill out for operator and all occupants involved Address Age-DOB sec S							Most I	Harmful Event	1		24	<b>—</b>	9		_	mage
Please fill out for operator and all occupants involved   Address   AgeDOB   Sex	6	Violation	1: ChSec	Violati	on 2: Ch	Sec	Driver	Contributing Co					<u> </u>		) ရ	
Operator  See Above  Please Select One of the Following:  X Vehicle 2 1 #Occupants Non-Motorist A Type of the Following:  License # St MA DOB/Age Reg # 3509 Reg Type RPN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2014 Veh Make FREIGHT Veh Config. 97  Operator NORRIS  Operator NORRIS SEAN Owner CJ RECOVERY INC  Last Address 3 FARKER RD  City BEDFORD State MA Zip 01730 City MAYNARD State MA Zip 01754  Insurance Company ARBELLA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 20 3 4  Wost Harmful Event 1 23 5 11 Totaled  Diver Contributing Code 1 24 24 5 11 Totaled  Driver Contributing Code 1 24 24 5 11 Totaled  Driver Contributing Code 1 24 24 5 11 Totaled	4						Under	ride/Override		Tov	ved Y		•			
Operator  See Above  Please Select One of the Following:  X Vehicle 2 1 #Occupants Non-Motorist A Type of the Following:  License # St MA DOB/Age Reg # 3509 Reg Type RPN Reg State MA  Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2014 Veh Make FREIGHT Veh Config. 97  Operator NORRIS  Operator NORRIS SEAN Owner CJ RECOVERY INC  Last Address 3 FARKER RD  City BEDFORD State MA Zip 01730 City MAYNARD State MA Zip 01754  Insurance Company ARBELLA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 20 3 4  Wost Harmful Event 1 23 5 11 Totaled  Diver Contributing Code 1 24 24 5 11 Totaled  Driver Contributing Code 1 24 24 5 11 Totaled  Driver Contributing Code 1 24 24 5 11 Totaled				ator and all oc	cupants involve			Age/DOB	Sex I	26   2 Seat Safet Pos. Syste	7 28 ty Airbag A em Status Sv	29 irbag Eje vitch Co	30   31 ect Trap ode Code	Injury Tra Status Co	ansp.	ility
State MA   Sex M   Lic. Class   SEAN   SEAN   Sex M   List   First   Middle   Makers   First		Operator			Se	ee Above				1	4 4	0		5 1		
State MA   Dob   State MA   Zip 01730   City BEDFORD   State MA   Zip 01730   City BEDFORD   State MA   Zip 01730   City BEDFORD   State MA   Zip 01730   City MayNARD   State MA   Zip 01754   Citation # (If Issued)   Most Harmful Event   1 23   Most Harmful Event   1 24   Most Harmful Event   1 25   Towed N   10 Undercarriage   10 Undercarri																
State MA   Sex M   Lic. Class   SEAN   SEAN   Sex M   List   First   Middle   Makers   First																
State MA   Sex M   Lic. Class   SEAN   SEAN   Sex M   List   First   Middle   Makers   First	-															
State MA   Sex M   Lic. Class   SEAN   SEAN   Sex M   List   First   Middle   Makers   First	7													$\sqcup$		
Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2014 Veh Make FREIGHT Veh Config. 97  Operator NORRIS Address 3 PARKER RD  City_BEDFORD State_MA_Zip_01730  City_MAYNARD  State_MA_Zip_01730  Vehicle Action Prior to Crash Vehicle Travel Direction: N S E X Responding to Emergency?  Citation # (If Issued)  Veh Year 2014  Veh Make FREIGHT  Veh Config. 97  Owner CJ RECOVERY INC  Last First Middle  Address 7 (apt. R) MILL ST  City_MAYNARD  State_MA_Zip_01754  Vehicle Action Prior to Crash  Omaged Area Code: (Circle Up to Three)  Word CJ RECOVERY INC  Last First Middle  Address 7 (apt. R) MILL ST  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Omaged Area Code: (Circle Up to Three)  To Undercarriage	3		IX Vehicle	2 1_#Occup	ants Non-	Motorist A Type	e 1		Loca	ation	16 Co	ndition	17	Hi	it/Run Mo	ped
Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Veh Year 2014 Veh Make FREIGHT	ľ	License #		Ç.	MA DOR/A		Dog#	3509			P.o.s.T	runa R	PN	Dag	State MA	
Operator NORRIS SEAN  Last First Middle  Address 3 PARKER RD  City BEDFORD State MA Zip 01730 City MAYNARD  Insurance Company ARBELLA  Vehicle Travel Direction: N S E Responding to Emergency?  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Endorsment  Owner CJ RECOVERY INC  Last First Middle  Address 7 (apt. R) MILL ST  City MAYNARD  State MA Zip 01754  Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	- 1			8	19				Vol	Maka .					20	_
Address 3 PARKER RD  City BEDFORD  State MA Zip 01730  City MAYNARD  State MA Zip 01754  Insurance Company ARBELLA  Vehicle Travel Direction: NSEN  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Last First Middle  Address 7 (apt. R) MILL ST  City MAYNARD  State MA Zip 01754  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2					Comp (					i wake_				_ ven co	omig.	
City BEDFORD State MA Zip 01730 City MAYNARD State MA Zip 01754  Insurance Company ARBELLA Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N S E N Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1 1	· ·	Last			Middle		Las	t		First			Middle	•	_
Insurance Company ARBELLA  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S E Responding to Emergency?  Event Sequence  Wost Harmful Event  Violation 1: ChSec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec  Underride/Override  Vehicle Action Prior to Crash  1 21  Damaged Area Code: (Circle Up to Three)  Sec Violation Three)  Priver Contributing Code 1 22 22 22 22 22 22 22 22 22 22 22 22 2	- 1				g. MA 7:	01730							G	MA ,	z: 01754	-
Vehicle Travel Direction: NSEN Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	- 1				State_viiiZip	01730					21	Dama			•	- ree)
Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 1 23 10 Undercarriage  Citation # (If Issued) Most Harmful Event 1 23 11 Totaled  Violation 1: Ch_Sec_Violation 2: Ch_Sec_Underride/Override 25 Towed N 6	- 1											_ `		couc. (t	•	,
Citation # (If Issued) Most Harmful Event 1 2 5 11 Totaled  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24				S E X	Responding to Er	nergency'?		. [-	23				$\bigcap$	$\overline{A}$	10 Undercar	rriage
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 7 6								L	1	24	24	<b>—</b>	. 9			
Violation 3: ChSec Violation 4: ChSec Underride/Override Towed_N_		Violation	n 1: ChSe	ec Viola	tion 2: Ch	_Sec		٦		1		<b>_</b>	<u> </u>		<i>)</i> 6	
	ļ						Under	ride/Override		Tow		20 1 /	30   21	32	33	
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Ag				operator and	all occupants ir			Age/DOB			ty Airbag A tem Status S	rbag Ejo witch C	ect Trap	Injury Tra Status C	ansp.	cility
Operator/Non-Motorist         See Above		Operator/	Non-Motorist		Se	e Above				99	5 4	0	0	5 1		
	-															



On Tuesday January 22nd 2019 at approximately 1615 hours I responded to a two car motor vehicle accident at the intersection of Beacon Street and Crescent Ave, both are public ways in the City of Newton. At the time of the accident the current weather conditions were clear and dry with the road conditions extremely icy and snow covered.

Upon arrival the medics were evaluating the operator of MV1 for slight back pain. The operator of MV1 signed a patient refusal and stated she was headed westbound on Beacon Street and stopped at the intersection of Crescent Ave, attempting to turn left. The operator of MV1 stated she came to a complete stop and had her left turn signal on waiting to turn onto Crescent Ave. She states MV2 then rear ended her and she pulled over the side of the road to wait for police assistance.

(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property			
Truck and Bus Information:  Registration #										
			(From Vehic	ele Section)		Carrier Issu	ning Authority Coo			
								le		
Carrier Name			City			St	Zip	le		
Carrier NameAddressUS DOT #:			City			St	Zip	le		
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le		
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le		
Carrier NameAddressUS DOT #:Cargo Body Type Code Growth Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Zip Interstate	le		

ANDREA M FERGUSON			NEWTON POLICE DEPARTM		01/22/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	<b>→</b> Direction	1 =	Vehicle 1	2 =Vehicle 2	₽ Pedest	rian		
Crash Diagram:	ie: →[	1	<b>→</b>	2	<b>→</b> §			
				<u> </u>		<u> </u>	If Crash <u>Did Not</u> on a Public Way:	Occur
							☐ Off-Street Parkin	g Lot
							☐ Garage	
		_ _			<u> </u>		☐ Mall/Shopping C	enter
		_						
				_	<u></u>		Other Private Wa	
							Indicate North by A	Arrow
				- +	<del>                                     </del>			
		_		-	<u> </u>			
Crash Narrative:								
MV1 was completely disabl								
The operator of MV2 state								
road conditions, MV2 fail		d co	llided wi	th MV1. The	operator of	MV2 refu	sed medical attent	ion and
was able to drive MV2 fro	m the scene.							
Witnesses:								,
Name (Last, First, Middle)		- /	Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
Total and David Commenting								
Truck and Bus Information:  Carrier Name	Registration #			(Fron	n Vehicle Section)		Comion Isovina Authority Co.	35
							Carrier Issuing Authority Cod	le
Address								36
US DOT #:	Г		18	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code G	ross Vehicle Weight						39	
Trailer Reg #:	Reg Type		_ Reg State	Reg Ye	ear Ti	ailer Length		
Hazmat Information:  40	41							42
Placard Material 1 digi	t # Materia	l Nam	e		Material 4	digit #	Release code	
ANDREA M FERGUSON					NEWTON POLICE DEPART	7.	01/22/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)