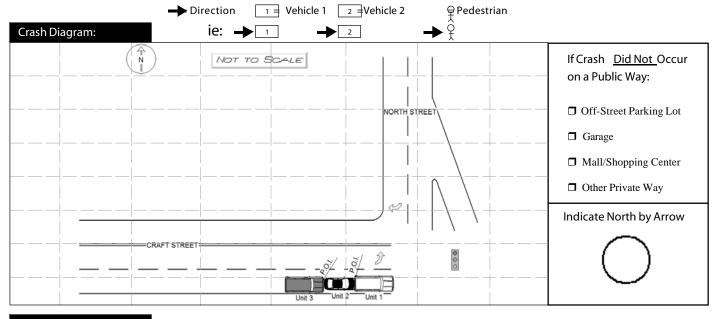
	Poli	ce Use Only		Co	mmonw	ealth	of Mass	ach	usei	tts				RMV	/ Doci	ıment	Number		
	Date of Crash	Time of Crash	City	//Town	Mot	or Vel	nicle Cra	sh	Nun	nber	Nun	iber S							
	02/01/2019	17:55	NEWTON				Report		Vehi 3	icles	Inju 0			de tude_			ate Police cal Police BTA Police her:		
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				1.		Loca					11	JI A	1 1	1111	21101	2011	.011.		2 9
1	Route# SOU			e of Roadway	v/Street		Route# Directi		ddress	#			Nam	e of R	oadwa	y/Stree			10
4	Trouten Breek			At	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														<b>2</b> <sup>10</sup>
		NORTH					Feet [	N S E	W of	f –	— — Mi	––     — le Mark	. • . er	(	or		it Number	-	
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3	XVehicle1	2_#Occupants	Hit/R	un 🔲	Moped	Case Number	r		1900000	0131									
	License #		St	CT DOE	3/Age	Reg#	AP71750				Reg	Type I	C		Re	g State	CT		
	Sex_F_ Lic. 0	18 18			19 CDL	_	Year_2019				_					-	20		
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3	Operator <u>CEL</u> Address <u>18 EV</u>	Last ERGREENE	First		Middle	Owne	La	st			First				Mide	ile		_	1
	City WALLIN			cu. CT	Zip_06492		ess							Curt		7:		-	
		pany PROGRES		_State	_ Zip	•				21	_					_	e Up to Thr		
5							cle Action Prior t			22	22		.gcu	3	coue.	<b>(</b>	o op to 1111		
1		Direction: N		Responding t	to Emergency?_		Sequence 1		3					$\overline{}$	$\overline{A}$	)_	10 Undercari	riage	
	,	ssued)					Harmful Event	1	24	1	24	1	•	9		l -	11 Totaled		
<sup>6</sup> 1	1	1: ChSec					r Contributing C		1 5			8		/   7	<u> </u>	െ			
1		3: ChSec				Unde	rride/Override		T	Towed		20	20	31	22	33			13
	Name (Last Fire	fill out for opera st Middle)	ator and all o	ccupants in	volved Address		Age/DOB	Sex	26 Seat S Pos. S	afety A	28 Airbag Status	Airbag E Switch C	30 ject ode	Trap 1 Code	32 Injury 1 Status	ransp.	Medical Facil	ity	1
	Operator				See Above				1	1	4	4 (	)	0	5	1	NONE		
	SHUBERT, SA	MANTHA		HILTON, N	CSCHOOL HOU TY 14468	ISE RD		F	3 1	1	4	4	)	0	5	1	NONE		
7	Diame Calant G						14	15		1	16			17					
3	Please Select C of the Followin	IX IVahicla	2 <u>1</u> #Occu	pants	Non-Motorist A	Туре	Action		cation	,	16 C	ondition		17		Hit/Rur	n Mop	oed	
	License #			MA DO	0B/Age	Reg#	5DS654				_Reg	Type_I	AN		Re	g State		_ ]	
	Sex_M_ Lic. 0	Class D 18 18	Lic. Restric	etions 1	19 CDL	Veh Y	Year_2009	V	eh Mak	ке_ <b>М</b> А	AZDA	١			Veh C	Config.	1 20		
8	Operator SSE	MAKULA	HILLARY	<u>′</u>	Endorsment	Owne	er (Same as ope	rator)			First							_	
1	Address 13 RI	PLEY STREET	First		Middle	Addr	ESS								Mide	ile		_	
	City WALTH	AM		_State_MA_	_Zip_02453	City_								State_		_Zip_		_	
	Insurance Com	<sub>pany</sub> GOVT EM	PLOYEE INS	3	•		ele Action Prior t			21	_					_	e Up to Thr		
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		ease fill out for				_ Clide	IIIde/Override		_			29 Airbag E	30	31 Trap	32 Injury	33 Transp.		$\dashv$	
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	ice Use Only			onwealth						ment Number						
Date of Crash 02/01/2019	Time of Crash	City/ NEWTON	Town N	Motor Vel	hicle Cra	sh   Nun Veh	nber Num icles Inju		d Limit <u>25</u> ude	State Police Local Police MBTA Police						
0401/2019	24HR	NEWTON		Police	Report	3	0		gitude	Other:						
	AT INTER	SECTION	•	< LOCA	TION :	>	N(	OT AT	INTERSE	CTION:						
Route# Direc	tion	Name	of Roadway/Street		Route# Directio	n Address	#	Nar	ne of Roadway	/Street						
			At		Feet N	S E W o	i	•	or							
Route# Direc	ction N	Vame of Intersec	ting Roadway/Street				Mil	e Marker		Exit Number						
		Also at In	tersection with		Feet N	S E W o	Rou	te# I	ntersecting Roa	idway/Street						
		N. CT.	D 1 /6.		Feet N	S E W	Ī									
Route# Direc	tion	Name of Inter	secting Roadway/Stre	eet					Landmark							
XVehicle 3	_1_#Occupants	Hit/Ru	n Moped	Case Numbe	r	190000	0131									
License#		St _	MA DOB/Age	Reg	<sub>#</sub> 3951		Reg	Type_PAR	R Reg	State_MA						
Sex_F Lic.	Class D 18 18	8 Lic. Restricti	ions 2 19 CDL	Veh	Year_2017	Veh Mak	e BUICK		Veh Co	onfig. 20						
Operator REY	(NOLDS	DONNA First	Endor	rsment Own	er (Same as oper	ator)	First		Middle							
	AYLOR STREET	First	Mid		ess					e						
City WALTH	AM		State MA Zip 024	153 City					_State	Zip						
Insurance Com	npany_COMMER	CE		Vehi	cle Action Prior to	Crash	21	Damageo	d Area Code: (	Circle Up to Three)						
Vehicle Travel	Direction: N	S X W Re	esponding to Emerge	ency? Even	t Sequence 1 2	2 22 2	22 22	<b>O</b>	3	4						
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	1	ator and all oc	cupants involved	Iress	Age/DOB	Sex Pos. \$	27 28 afety Airbag A	29 30 Airbag Eject	31 32 Trap Injury Tr Code Status C	33 ansp. ode Medical Facility						
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					14		16		17							
Please Select C of the Followin	I Wahida	# Occupa	ants Non-Moto	orist A Type	Action 1	Location	16 Co	ondition	17	it/Run Moped						
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Address City Insurance Com		:	StateZip	City		Crash		Damageo		_						
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## Crash Narrative:

On 02/01/2019, while assigned to N494, I, Officer Conary, responded to Crafts St at North Street for a three car MVA. Operator of MV1 stated that she was sitting at the red light on Craft Street at North Street when she saw it turn green and then felt MV2 hit MV1 rear. Operator of MV2 stated that he was sitting at the red light at the intersection when he began to move when the light turned green and then MV3 hit MV2 rear. MV2 stated when MV3 hit him, he then hit MV1. Operator of MV3 stated that she was at the intersection when she began to slowly move with traffic, her foot slipped off the break, and she hit MV2. Operator of MV3 stated that her foot was wet from walking in the snow. There was snow on the ground but not in the roadway.

There was no visible damage to MV1 at this time. MV2 had damage to the rear bumper. MV3 had damage to the front bumper. All cars were able to be driven from scene. All parties were offered and declined medical

(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pr	operty
Truck and Bus Information:	Registration #		(From Vehi	icle Section)		35
Carrier Name					Carrier Issuing A	
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC#:	Int	erstate 36
37		38	_			
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	
Hazmat Information:						
						42
Placard 40 Material 1 digit	# 41 Material Nar	ne		_ Material 4	digit # Rele	ase code
Placard 40 Material 1 digit	# Material Nar	ne		Material 4	digit # Rele	ase code

KRISTINA CONARY
NEWTON POLICE DEPARTM
02/01/2019

	→ Direction	ı ≡ Vehicle 1	2 =Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: →□	i <b>→</b> [	2	→Ŷ			
Crash Diagram:				**************************************		If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping Complete Wall of the Private Wall Indicate North by A	g Lot lenter
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						- <del>-</del> -	
Crash Narrative:							
	incident to repor	rt at this t					
	Incident to repor	.c ac chis c.					
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 \	Jehicle Section)			
Carrier Name					C	arrier Issuing Authority Co	35 de
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
		D C+ +	D 37		noilan I	39	
Trailer Reg #:	Keg Type	Reg State _	Keg Year	Tr	aller Length		
Hazmat Information:	41						42
Placard Material 1	digit # 41 Material M	Name		Material 4	digit #	Release code	72
KRISTINA CONARY			N	EWTON POLICE DEPART	Th.	02/01/2	2019