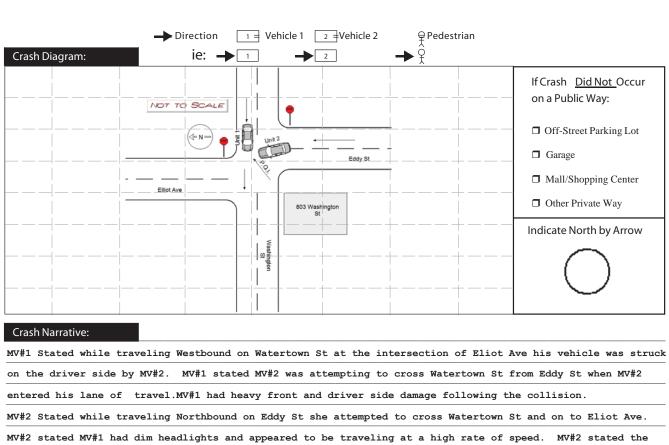
| | Poli | ice Use Only | | Commonwea | alth (| of Massa | achu | setts | 5 | | RM | V Doc | umen | ıt Number | | |
|--|--|--|---------------------|-----------------------------|---|--|----------|---------------------------------|------------------------|---------------------------|---------------------------------|---|---------------------------|----------------------------|-------------|--|
| | Date of Crash 02/01/2019 | Time of Crash 20:12 | NEWTON | 1410101 | | nicle Cra | sh [| Number Vehicles | Inju | red L | peed Lim | | $ _{N}^{L}$ | tate Police [ocal Police] | ב מ ב | |
| | | 24HR | | | | Report | | 2 | 0 | | ongitude | | | other: | _ | |
| | | ATINTER | RSECTION: | < | LOCA | IION : | > | | N | JI A | T INT | EKS | ECT | ION: | 2 | |
| | NOR | TH ELIOT | AVE | | | | | | | | | | | | | |
| 1 4 | Route# Direct | tion | Name o | of Roadway/Street | | Route# Direction | on Add | ress # | | | Name of | Roadw | ay/Stre | eet | 2 10 | |
| | At 16 WEST WATERTOWN ST | | | | | Feet NSEW of or | | | | | | | F | | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exi | | | | | | xit Number | _ | | | |
| | Also at Intersection with | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | v/Street | | | |
| $\begin{bmatrix} 2 \\ 1 \end{bmatrix}$ | NORTH EDDY ST | | | | | Feet NSEW of | | | | | | | - | 3 11 | | |
| | Route# Direct | tion | Name of Inters | ecting Roadway/Street | Landmark | | | | | | | | | | _ | |
| 3 | XVehicle1 | XVehicle1 2_#Occupants ☐ Hit/Run ☐ Moped Case Number 1900000133 | | | | | | | | | 1 | | | | | |
| | License# | | St K | S DOB/Age | Reg# | 8NS926 | | | Reg | Type P | AN | R | eo Stat | ne MA | 1 | |
| | Sex_M_ Lic. Class C | | | | | Reg # 8NS926 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 2 | Address 1910 S | Last SOUT PINE ST | First | Middle | Owner KRAVETT MICHAEL M Address 5 GRAYSON LANE First Middle | | | | | | | | | | 1 12 | |
| | | | | KS 7: 66762 | | NEWTON | | | | | State | MA | | 02462 | | |
| | City PITTSBURG State KS Zip 66762 Insurance Company COMMERCE INSURANCE | | | | | | | | 21 | | | | _ ^ | le Up to Three | , | |
| 5 | 1 | | | | | le Action Prior to | Crash | 22 | | 2 | ged Area | | . (CIIC | те ор то тшее | ´ | |
| | | | | sponding to Emergency? | | Sequence 1 | 23 | 22 | 22 | _ | | \overline{A} | $\int_{-\infty}^{\infty}$ | 10 Undercarria | ge | |
| | Citation # (If Is | ssued) | | | Most | Harmful Event | 1 | 24 | 24 | 1 | .] | | 5 | 11 Totaled | ge | |
| 6 | Violation | 1: ChSec | C Violatio | n 2: ChSec | Drive | r Contributing Co | | 24 | | O | | 7 | ر 6 | | | |
| ⁶ 1 | | | | n 4: ChSec | Under | rride/Override | 25 | Towe | ed <u>r</u> | | | | | | | |
| | Please 1 Name (Last Fire | | ator and all occ | upants involved Address | | Age/DOB | Sex Po | 26 27 at Safety s. System | 28 Airbag Status | 29 Airbag E witch C | 30 31 ject Trap ode Code | 32 Injury Status | 33 Transp. Code | Medical Facility | 1 3 | |
| | Operator | | | See Above | | | | 1 | 1 | 1 0 | 0 | 5 | 1 | NONE | | |
| | ROSE, JESSICA, JEANNE 11 LAUREL DR HUDSON, MA 01749 | | | | F 3 1 4 99 0 0 5 1 | | | | 1 | NONE | | | | | | |
| | | | | , | | | | | | | | | | | 7 | |
| | | | | | | | | | | | - | + | | | \dashv | |
| 7 | | | | | | 14 | | | 16 | | 17 | - | | | _ | |
| 2 | Please Select C of the Followi | IX Vehicle | 2 <u>2</u> # Occupa | nts Non-Motorist A Ty | ре | 14 Action 1 | 5 Locati | ion | 16 Co | ndition | 17 | | Hit/Ru | un Mope | b | |
| | License# | | St N | 1A DOB/Age | Reg# | Reg # 9FG297 | | | | Reg Type_PAN | | | Reg State MA | | ┫ | |
| | | 18 18 19 | | | | | | 20 | | | | | | | | |
| 8 | Operator PAC | Endorsment | | | | Veh Year 2018 Veh Make HONDA Veh Config. 1 Owner (Same as operator) | | | | | | | · | | | |
| ⁸ 1 | Address 55 EL | Last | First | Middle | | Las | t | | First | | | Mic | ddle | | | |
| | City NEWTO | | | tate MA Zip 02459 | | ess | | | | | | | | | | |
| | | | | tate | City_ | | | | 21 | Dama | State | | _Zip | le Up to Three | , | |
| | | pany GOVT EM | | | | le Action Prior to | Crash | 22 | | Dania () | geu Area | | . (CHC 4 | ic op to rinee | ´ | |
| | Vehicle Travel Direction: Kesponding to Emergency? Event Sequence | | | | | | | | 10 Undercarria | ge | | | | | | |
| | | Citation # (If Issued) Most Harmful Event 1 2 9 5 11 Totaled | | | | | | | | | | | | | | |
| | | Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 19 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed Y 8 7 6 | | | | | | | | | | | | | | |
| ſ | | | | | | | | | | | ı | _ | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | | Sex Pos. System | | Airbag E Switch | 30 31 ject Trap Code Code | 1 32 33 Injury Trans de Status Code | | sp. | _ | |
| | Operator/ | Non-Motorist | | See Above | | | | | 2 | 1 0 | 0 | 5 | 1 | NONE | | |
| | TSENG, JOSEI | РН | | ELGIN ST EWTON, MA 02459 | | | М 3 | 1 | 2 | 1 0 | 0 | 5 | 1 | NONE | | |
| | | | | | | | | | | \top | | | | | | |
| | | | | | | | | | | + | | | | | \dashv | |



front passenger side of her vehicle struck MV#1 on the driver side. Both MV#1 and MV#2 were towed from the scene due to heavy damage to both vehicles. All parties signed a medical refusal on scene and stated the were not injured at this time. 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) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: State Number ___ Issuing State _____ ICC #:___ Gross Vehicle Weight Cargo Body Type Code Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit

| SCOTT SIEGAL | | NEWTON POLICE DEPARTA | 02/01/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |