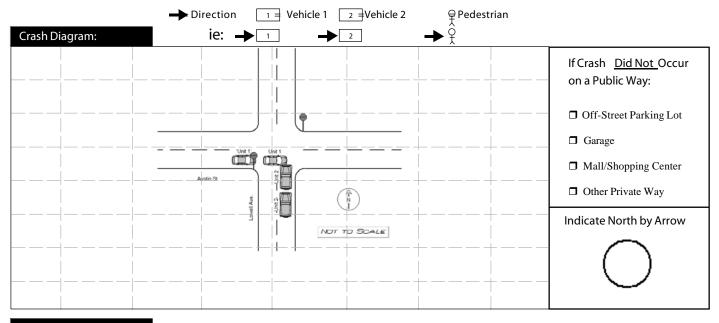
	Poli	ce Use Only			Common	wealth	of	f Massa	ıch	use	etts				RMV	/ Doc	umen	nt Number	
	Date of Crash			//Town	Mo	otor Ve	ehio	cle Cra	sh		mber				Limi			tate Police ocal Police	
	02/01/2019	18:32 24HR	NEWTON			Police	R	eport		2		111JU			de itude_			ocal Police IBTA Police Other:	Ĩ
		AT INTER	SECTION	<b>V:</b>	<	LOC			>			N	OT A	AT I	NTE	ERSI	ECT	ION:	
		·																	
1	EAST			C D	1 /6,		- -			11				NT.	C D		/0.		
4	Route# Direct	tion	Name	e of Ro	oadway/Street		-   Ro	oute# Direction	n A	ddres	s #			Nam	e of R	Coadw	ay/Stre	eet	
	NOR	TH LOWEL	L AVE				-	Feet N	SI	E W	of -		le Mar		(	or		Exit Number	_
	Route# Direc	tion N			Roadway/Street		_ -	Foot N	тет	- <b>I</b> w	-f	IVI	ie iviai	Kei			Е	exit Number	
			Also at I	ntersec	tion with		Feet NSEW of Route# Intersecting Roadway/Street										-		
<sup>2</sup>			N. CI.		D 1 /C/		Feet NSEW of												
	Route# Direc	поп	Name of Inte	ersecui	ng Roadway/Street										Lar	ndmarl	K		
3	XVehicle1	4_#Occupants	Hit/R	un	Moped	Case Numl	ber			190000	00134								
	License #		St	MA		- Re	g#4A	AD259				_Reg	Type_	PAN		R	eg Stat		_
	Sex_F_ Lic. 0	Class D 18 18	Lic. Restric	tions	1 CDL	Ve	Veh Year 2000 Veh Make JEEP Veh Config. 20												
2	Operator GEN	NTILE	SOPHIA	Endorsmont			Owner GENTILE MICHAEL CHARLES												
2	Operator Last First Middle  Address 22 EMERALD ST						Address 22 EMERALD STREET First Middle										_		
	City NEWTON State MA Zip 02458						City NEWTON State MA Zip 02458												
	COMMERCE						Valida Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										ee)		
5							Event Sequence 1 22 22 22 22 2 3 4												
1		/ehicle Travel Direction: X S E W Responding to Emergency?					Most Harmful Funct 23												
	,	ssued)			CI G			L	1		4	24	1	-	9		5	11 Totaled	
					ChSec			Contributing Co		1			0		/   7	<u> </u>	) 6		
1	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved						derrid	le/Override			Towed		-	30	21	32	33		
	Please fill out for operator and all o				Address			Age/DOB	Sex	Seat Pos.	27 Safety System	Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	Injury Status	Transp. Code	Medical Facil	ity
	Operator				See Abov	e					1	4	4	0	0	5	1	NONE	
	PENN, LEAH			100 WALNUT ST NEWTON, MA 02460					F	3	1	4	4	0	0	5	1	NONE	
	CHINITZ, FRANCESCA			63 DARTMOUTH ST NEWTON, MA 02465					F	4	1	4	4	0	0	5	1	NONE	
	GIGLIO, CHR	ISTINA		178 PI	INE ST FON, MA				F	6	1	4	4	0	0	5	1	NONE	
<sup>7</sup> 2	Please Select C of the Followi		2 <u>1</u> #Occu		Non-Motorist	: A Type	14	Action		cation		16 C	onditio	on	17		Hit/Ru	un Mop	oed
				NH			Reg # 3745570 Reg Type PAN Reg State NH												
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Operator SHIN INSUP				Middle			Owner DEPARTMENT OF JU  Last First Middle  Middle								-				
	Address 468 MARTINDALE RD						Address 33 CAPITOL ST								_				
	City SHELBURNE State NH Zip 05482					Cit	City CONCORD State NH Zip 03301								_				
	Insurance Company SELF INSURED					Ve	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)				
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	Violation 3: ChSec Violation 4: ChSec						Underride/Override Z5 Towed Y 8 7 6												
	Please fill out for operator and				l all occupants involved					26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trap	32 Injury	33 Transp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist			See Above		$\dashv$	Age/DOB	Sex	Pos.	System	Status 4	Switch	Code 0	Code 0	Status	Code 1	Medical Faci	ility
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																1			



## Crash Narrative:

At approximately 1830HRs on Friday, February 1, 2019, I was dispatched to the intersection of Austin St. and Lowell Ave. for a report of an MVA. Upon arrival, I spoke with the operator of MV1 (MA Pass: 4AD259), who stated that she was traveling Northbound on Lowell Ave. when MV2 entered the intersection after stopping at his stop sign and did so when she was too close, which caused her to collide with MV2. I spoke to the operator of MV2 (NH Pass: 3745570), who stated that he was stopped at his stop sign on Austin St. and that he believes MV1 was in his blind spot because he did not see it. Thinking there was no other traffic, he entered the intersection and attempted to continue Eastbound on Austin St., when his vehicle collided with MV1. On scene, I observed that Austin St. is controlled on both the East and West sides of Lowell Ave. by stop signs, while Lowell Ave. has no traffic controls at that intersection. I noted damage to the right

(Continued of	next page;									
Witnesses:										
Name (Last, First, Middle)	Ac	ldress				Phone #	#	Statement		
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				25		
Carrier Name						Carrier Issu	uing Authority Co	ode 35		
Address			City			St	Zip			
			•					36		
US DOT #:	State Number38		_ Issuing State	ICC #:_			Interstate			
Cargo Body Type Code Gros	s Vehicle Weight									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Le	ngth 39				
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Name			Material 4	digit#		Release code	42		
Naterial 1 digit π	TVIdiciiai IVdiiic_			. Material 4	αιgit π _		_ Release code			
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Crash Narrative:   Crash Narra	-	Direction 1	Vehicle 1 2	■Vehicle 2	₽Pedestr	rian					
Crash Narrolive:    Crash Narrolive:	Crash Diagram:	ie: → 1	<b>→</b> 2	_ →	<b>P</b> ĝ						
Crash Natrative  fender area and what appeared to be a broken right front axle on MV2. I observed MV1 to have minor damage to its left front bumper area. Both parties stated they were uninjured, MV2 was towed from the scene by Todys  Services and I cleared without incident.  Witnesses:  Name (Last First Middle)  Address  Phone # Statement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # Mattype Description of Damaged Property  Truckand Bus Information:  Registration # (Front Vehicle Section)  Carrier Issuing Authority Code  Address  Cliy St. Zip  US DOT #: State Number Insuing State Intercate 30  Cargo Body Type Code 37 Circas Vehicle Weight 38  Hazant Information:  Reg Type Reg State Reg State Reg Your Trailer Length 39  Hazant Information:			 		<u> </u> 			Occur			
Crash Narrative:    Comparison   Comparison							☐ Off-Street Parkin	ng Lot			
Crash Narrative:  ### Indicate North by Arrow    Indicate North by Arrow		_   					☐ Garage				
Indicate North by Arrow   Indicate North b							☐ Mall/Shopping (	Center			
Crish Narrative:  Fender area and what appeared to be a broken right front axle on MV2. I observed MV1 to have minor damage to its left front bumper area. Both parties stated they were uninjured, MV2 was towed from the scene by Todys Services and I cleared without incident.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Satement  Property Damage:  Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #		 					☐ Other Private Wa	ıy			
### Address ### Ad				+-			Indicate North by	Arrow			
### Address ### Ad											
### Address ### Ad											
### Address ### Ad	Crash Narrative:										
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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:  Carrier Name  Carrier Name  Carrier Issuing Authority Code  Address  City  State Number  Issuing State  ICC#:  Interstate  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length  Address  Trailer Length  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Trailer Length	its left front bumper are	a. Both parties	stated they	were uninjure	ed, MV2 w	as towed	from the scene h	y Todys			
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Owner (Last, First, Middle)  Address  Phone # 34-Type Description of Damaged Property  Truck and Bus Information:  Registration #											
Truck and Bus Information:  Carrier Name Carrier Issuing Authority Code  Address City St Zip  US DOT #: State Number Issuing State ICC #: Interstate 36  Cargo Body Type Code 37 Gross Vehicle Weight 38  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39  Hazmat Information:	Property Damage:										
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