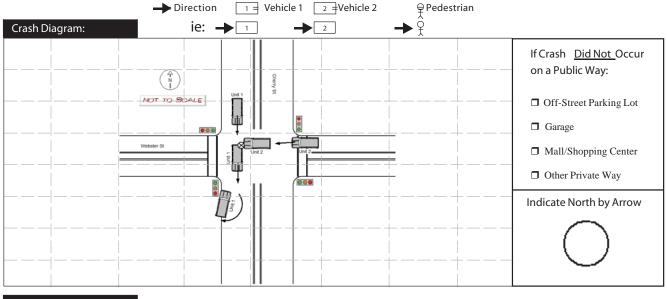
	Poli	ce Use Only		Commo	onwealtl	h of	f Massa	achı	use	tts			RMV	V Doc	umen	t Number	
	Date of Crash 02/02/2019	Time of Crash 19:49	City/	Гown	Motor V	ehi	cle Cra	sh	Nun Vehi		umber njured		d Limi		St	ate Police ocal Police IBTA Police	N N
	02/02/2019	24HR					eport		2	0	5	1	gitude_		O	ther:	
		AT INTER	RSECTION		< LO	CATI	ION	>		ľ	TON	AT]	INTI	ERSI	ECT	ION:	2
		CHERR	RY ST														
1 4	Route# Direct	tion	Name	of Roadway/Street		Ro	oute# Direction	on A	ddress	#		Nan	ne of F	Roadwa	ay/Stre	eet	_ 2 10
	At WEBSTER ST					_	Feet [N S E	W of					or			 -
	Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number Feet NSEW of								-		
			Also at Int	ersection with		-	_			R	loute#	Iı	ntersec	ting Ro	oadwa	y/Street	11
2 1	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of									3	
3	_		Ι	T_									Laı	ndmark			┪ .
	XVehicle1	#Occupants	Hit/Ru	n Moped	Case Nun	nber		1	90000	0139							
	License#	18 1	St _		R	eg# <u>8</u> 2	ZVF50			R	eg Type	PAN	J	Re	g Stat		
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restricti		Z V	eh Yea	<u>2007</u>	Ve	h Mak	e_DOD	GE			Veh (Config	. 20	
⁴ 3	Operator WIL		LEAH First		ddle O	wner _	WILSON	st	AN	JNA F	irst			Mid	dle		1111
3	Address 109 S	TOUGHTON S	T		A	ddress	109 STOUGI	HTON	ST								
	City QUINCY	•	:	State MA Zip 02	169 C	ity QU	JINCY								_ ^ -		
	Insurance Com	pany COMMER	RCE		V	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										e)	
5 1	Vehicle Travel	Direction: N	X E W Re	esponding to Emerg	ency? E	vent Se	equence 1	22 2		22 22] 2		3	$\overline{}$	4		
	Citation # (If Is	ssued) T1440472			M	Iost Ha	rmful Event	1 23			_ 1 •	←	9	$\left(\cdot \right)$		10 Undercarria 11 Totaled	age
6	Violation	1: Ch <u>89/9</u> Sec	c Violati	on 2: ChSec	D	river C	Contributing Co		3 24	2	4		Ą	\sum	്		
⁶ 1	Violation	3: ChSec	c Violati	on 4: ChSec	U	nderrid	le/Override	25	Т	owed Y							
	Please 1 Name (Last Fire		ator and all occ	cupants involved	dress		Age/DOB	Sex	26 Seat S Pos. \$	27 2 afety Airba ystem Statu	8 29 ag Airbag as Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facility	1^{13}
	Operator			See A	bove				:	1 2	4	0	0	5	1		
7	Please Select C)ne		1_	Г	14] [15		16			17			<u> </u>	
2	of the Followi		2 <u>2</u> #Occupa	ants Non-Mot	corist A Type	1.			Location		Condition			Hit/Run Mo		ın Mope	ed
	License #St MA_ DOB/Age					Reg # 663NL1 Reg Type PAN Reg State MA					e_MA						
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2015 Veh Make_TOYOTA Veh Config. 20											
8 1	8 Operator STEINER CAROLINE Endorsment					Owner (Same as operator) Last First Middle									.		
1	Address 84 WEBSTER ST First Middle						Las				iist			Witu			
	City NEWTO	N	;	State MA Zip 02	ip <u>02465</u> City State Zip												
	Insurance Com	Insurance Company_AMICA Ve						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								e)	
	Vehicle Travel Direction: NSEX					Event Sequence 1 22 22 22 22 22 3 4											
	Citation # (If Is	ssued)			M	Iost Ha	rmful Event	1 23	3		O.		10 Undercarriage 5 11 Totaled				
	Violation	n 1: ChSe	ChSec Violation 2: ChSec D					Driver Contributing Code 1 24 24									
	Violation	Underride/Override Towed Y 7 6															
	Plo Name (Last Fi		operator and a	all occupants invo	lved		A co/DOD	Sex	26 Seat S Pos. S	27 25 afety Airba	8 29 ag Airbag	30 Eject h Code	31 Trap		33 Fransp.	Madical EIII	ny l
		Non-Motorist		See A			Age/DOB	Sex		System Sta 1 4	4	0	Code 0	Status 5	Code 1	Medical Facilit	LY
									-			+	+	_			
	STEINER, LOI	RELAI		4 WEBSTER ST	5			F :	3 1	ι ₄	4	0	0	5	1		
	STEINER, LOI	RELAI		4 WEBSTER ST NEWTON, MA 0246	5			F	3 1	4	4	0	0	5	1		



Crash Narrative:

MV1 was traveling SOUTH on Cherry St through the intersection of Webster St. MV2 was traveling WEST on Webster St through the same intersection. MV2 collided with MV1 inside of the Cherry St/Webster St intersection causing heavy front end damage to MV2 and damage to the rear drivers side wheel and fender. MV1 operator, Leah Wilson, stated that she had a green light and proceeded through the intersection when she was hit by MV2. MV2 operator, Caroline Steiner, and her 12yo daughter (passenger/front seat) Lorelai Steiner, stated that they were proceeding through the green light and observed MV1 going at a high rate of speed through the intersection.

No injuries reported. Both vehicles towed by Tody's

MV1 operator, Leah Wilson	_	-	rm Citation T1	440472 f	for 89/9 - Red	Light/Fail.	On
	on next page)						
Witnesses:							
Name (Last, First, Middle)	Ad	ldress			Phone	#	Statement
Property Damage:					I		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #						35
Carrier Name					Carrier Iss	uing Authority Co	de
Address			City		St	Zip	
US DOT #:	_State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı			
Hazmat Information:						_	
Placard 40 Material 1 digit	# 41 Material Name_			Material 4	digit #	_ Release code	42
		20000				00 100 11	

ALEX N KANE	38800	NEWTON POLICE DEPARTM	02/02/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction 1	」 = Vehicle 1 2	≥ ≢Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 🛚	→ 2	2	→ Ŷ		
					If Crash <u>Did Not</u> O on a Public Way:)ccur
					— ☐ Off-Street Parking	Lot
					☐ Garage	Lot
		-		- — — — + -		ntar
		<u> </u>			Mall/Shopping Cer	
		 -			Other Private Way	
	İ				Indicate North by Ar	row
		+	+	+-		
Crash Narrative:						
					o rest past the intersect	
					and MV1 had air bag depl	
crash from the backyard					y arrival because he hear	tne
				-		
			wilson to be	e traveling the	hrough the intersection w	mile
failing to yield to the	traffic control	device.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From '	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	
Address			City		St Zip	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code	Gross Vehicle Weight	30			39	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trailer	r Length	
Hazmat Information:	41					42
Placard Material 1 dig	nt # Material N	Name		Material 4 digi	t # Release code	
ALEX N KANE		38800		EWTON POLICE DEPARTS	02/02/20:	10

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)