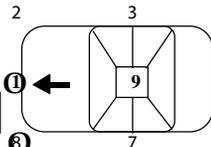


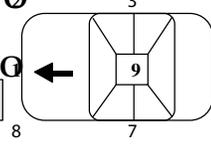
Date of Crash 02/07/2019	Time of Crash 16:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
EAST FRANKLIN ST Route# Direction Name of Roadway/Street _____ At _____ NORTH WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street _____ Feet [N S E W] of _____ • _____ or _____ _____ Mile Marker Exit Number _____ Feet [N S E W] of _____ _____ Feet [N S E W] of _____ _____ Route# Intersecting Roadway/Street _____ Landmark				

<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000156
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License # --- St IA DOB/Age -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DILIBERTI PETER CONRAD Address 46 ATKINS STREET City BOSTON State MA Zip 02135 Insurance Company CHUBB INS	Reg # ELB976 Reg Type PAS Reg State IA Veh Year 2014 Veh Make HYUNDAI Veh Config. 1 20 Owner DILIBERTI KRISTIN MICHELE Address 10256 BELLA STRADA LN City JOHNSTON State IA Zip 50131 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22  Most Harmful Event 1 23 10 Undercarriage 11 Totaled Driver Contributing Code 1 24 24 Underride/Override 25 Towed N
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	

Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4	4	0	0	5	1	

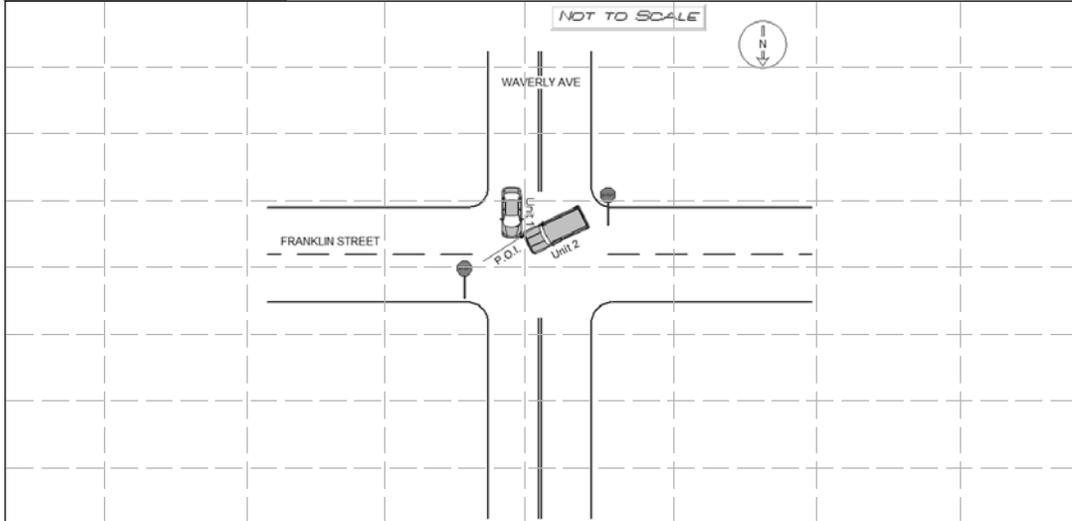
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>4</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St NY DOB/Age -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BARRY AMABOU TIDJANE Address 1222 WHEELER AVE (apt. 1B) City BRONX State NY Zip 10472 Insurance Company GEICO	Reg # JFZ4240 Reg Type PAS Reg State NY Veh Year 2017 Veh Make NISSAN Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22  Most Harmful Event 1 23 10 Undercarriage 11 Totaled Driver Contributing Code 4 24 24 Underride/Override 25 Towed N
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	

Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4	4	0	0	5	1	
PAIGE, AYMBRE, ALEXANDRIA	72 DUNBOY STREET BRIGHTON, MA 02135	-----	F	6	1	4	4	0	0	5	1	
SALAZAR, HORTENCIA	107 BROOKS STREET E BOSTON, MA 02128	-----	F	3	1	4	4	0	0	3	2	NEWTON WELLESLEY

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

On 02/07/2019, while assigned to N494, I, Officer Conary, responded to a MVA at Franklin Street and Waverly Ave. I met with the Operator of MV1 who stated that he was driving Northbound on Waverly Ave when MV2 came into his lane from Franklin Street and hitting him on the left side.

Operator of MV2 stated that he was stopped at the stop sign at Franklin Street and proceeded to take a left turn onto Waverly Ave. At this time, MV2 thought MV1 had a stop sign and was going to stop. MV2 hit MV1. There is no stop sign on Waverly Ave at Franklin Street.

Operators of each vehicle were offered and declined medical attention. Operator of MV2 was a Lyft driver and

(Continued on next page)

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)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

