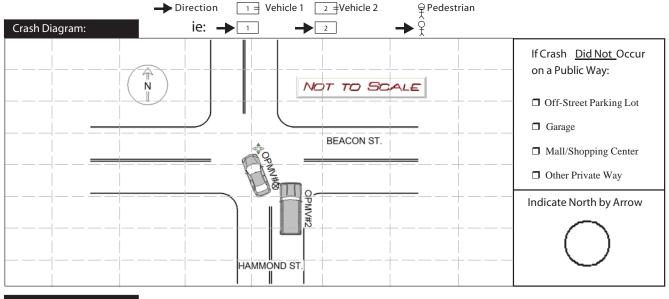
	Poli	ice Use Only		Comn	nonwea	lth (	of Massa	achu	ısett	S		RMV	V Docur	nent Number		
	Date of Crash 02/11/2019	Time of Crash 19:46	City/	Γown	Motor	Veh	icle Cra	sh	Numbe			eed Limi		State Police Local Police MBTA Police	<u> </u>	
	02/11/2019	19:40 24HR			Pol	lice ]	Report		2	0		ngitude_		Other:		
		AT INTER	RSECTION	1	< I	LOCA	TION	>		NO	T A	ΓINT	ERSE	CTION:		2
	WES	T BEACO	N ST												-	2
<b>4</b>	Route# Direc			of Roadway/Stree	t		Route# Direction	on Ad	dress #		N	Vame of F	Roadway	/Street		<b>2</b> <sup>1</sup>
<b>T</b>	At  NORTH HAMMOND ST  Route# Direction Name of Intersecting Roadway/Street						Feet [	N S E W of				• — or				2
					Mile Marker Exit Nu						Exit Number	_				
				ersection with		Feet NSEW of Route# Intersecting Roadway/Street								-		
2 <b>1</b>	2					Feet NSEW of									<b>3</b> <sup>1</sup>	
	Rodon Breeton 1 tame of merseeting Rodoway, bucce				Street	Landmark										
3	XVehicle1	_1_#Occupants	Hit/Ru	n Mop	ed Case I	Number		19	0000017	72					- 1	
	License#		St	CA DOB/Age		Pog#	6XT813			Pag'	Euro P	AN	Pag	State MA		
	Sex_M Lic.	18 1		19	DL	_	ear_2014			_			_	20		
4			ADAM	UIIS   CI	ndorsment EPH									illig. [ -		
3	Operator KLI	Last I ROCK ROSE	First		Middle	Owner (Same as operator)  Last First Middle  Address										1
	City SAN DII			State CA Zip	92127		ess						. ,	7in	-	
	,	npany GOVT EM		-	<u> </u>	-	le Action Prior to			21				Zip Circle Up to Thi		
5		Direction:						22 22	22		2	<b>(</b>		4		
1				sponding to Eme	ergency ?		Sequence 1	23	1			$\square$	$ \nearrow $	10 Undercar	riage	
	,	ssued)		on 2. Ch S	laa.		Harmful Event	1	. 24	24	1	9		5 11 Totaled		
<sup>6</sup> 1							Contributing Co	25	1 4	, N	8	7		6		
1	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					Under	ride/Override	T	1	ved <u>N</u>	29	30 31	32 Injury Tra	33	$\dashv$	
	Name (Last Fir				Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical F						nnsp. ode Medical Facil	lity	1		
	Operator			See	Above				99	4 !	99 0	0	5 1			
<sup>7</sup> <b>2</b>	Please Select (	One No.	• • • • •					15		16		17			$\neg$	
	of the Followi	ng: Vehicle	2 <u>1</u> # Occupa	nnts Non-N	lotorist A Typ	e	Action	Loca	ation	Co	ndition		шн	t/Run Mor	ped	
	License#		St _		e	Veh Year 2010 Veh Make FORD Veh Config. 1					AN	Reg State MA				
	Sex_F_ Lic.	Class D 18 19	Lic. Restricti		DL						nfig. 20					
8 <b>2</b>	Operator CH	ASE	LOUISE	В	Middle	Owner (Same as operator)  Last First Middle								_		
_	Address 78 EI	MIRA ST				Addre	ess								_	
	City BRIGHTON State MA Zip 02135  Insurance Company PLYMOUTH ROCK ASSU					City_						State	::	Zip	_	
						Vehic	le Action Prior to	Crash	1	21	Damag	ged Area	Code: (	Circle Up to The	ree)	
	Vehicle Travel Direction: X S E W Responding to Emergency?  Citation # (If Issued)				Event	Sequence 1	22 22	22	22	2	3		4			
					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 1 24 24								riage			
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec															
						Underride/Override 25 Towed N 7 6										
		ease fill out for	operator and a	all occupants inv					26 2' Seat Safet	7 28 ty Airbag A	29 irbag Eje	30 31 Trap		33 ansp.		
	Name (Last Fi	Non-Motorist		See	Address Above		Age/DOB	Sex	Pos. Sys	tem Status S	Switch C	ode Code  0		Code Medical Fac	cility	
	- F										9				$\dashv$	
								+	+	+	+		++		$\dashv$	



## Crash Narrative:

OPMV#1 Was traveling Northbound on Hammond St when he arrived at the intersection of Hammond St and Beacon St. There was vehicle in front of the OPMV#1 and appeared as if they were going Northbound across Beacon St then suddenly took a left turn onto Beacon St. OPMV#1 Attempted to avoid collision and struck the OPMV#2.

OPMV#1 Stated he was attempting to move out of the way from the vehicle in front of him and hit the OPMV#2 as they were crossing Beacon St.

OPMV#2 Was traveling Northbound on Hammond St when she came to the intersection of Hammond St and Beacon St.

OPMV#2 Was attempting to cross Beacon St but was struck by the OPMV#1.

OPMV#2 Stated she was crossing Beacon St and noticed the OPMV#1 swerve into her lane to get out of the way of the vehicle in front them. OPMV#2 Stated she had no time to react until it was to late and was struck by

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	!	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:  Carrier Name	-		(From Vehic			Carrier Issu	ing Authority Cod	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L			
Hazmat Information:								
Hazmat Information:  Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#		Release code	42

REID LARSON		1	NEWTON POLICE DEPARTA	02/11/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	Direction 1 =	Vehicle 1 2	=Vehicle 2	₽Pedestria	an		
Crash Diagram:	ie: → 1	2	□ →	₽Ŷ			
Crasii Diagraffi:				t	on a l	sh <u>Did Not</u> Occ Public Way: f-Street Parking Lourage all/Shopping Cente ther Private Way	ot er
				+			
Crash Narrative:							
the OPMV#1.							
W.'.							
W itnesses: Name (Last, First, Middle)		Address			Phone #	Str	atement
Property Damage:		,					
Owner (Last, First, Middle)	Address		Phone #	34-Type [	Description of Damage	d Property	
Truck and Bus Information:	Registration #		(From Vol	nicle Section)			
Carrier Name	_			,	Carrier Issuin	g Authority Code	35
						ا ا	
Address			•			24	
US DOT #:			Issuing State	ICC #:		Interstate	
Cargo Body Type Code 37 G	ross Vehicle Weight	38					_
Trailer Reg #:	Reg Tyne	Reg State	Reg Vear	Trail	ler Length		
Hazmat Information:	neg type	rog sidic		11411	ici Longui		
40	41						42
Placard Material 1 dig	t # Material Na	me		_ Material 4 di	git #	Release code	
REID LARSON			NEWT	ON POLICE DEPARTM		02/11/2019	
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barrac	ks Date	

CDP1 11 ·24·00