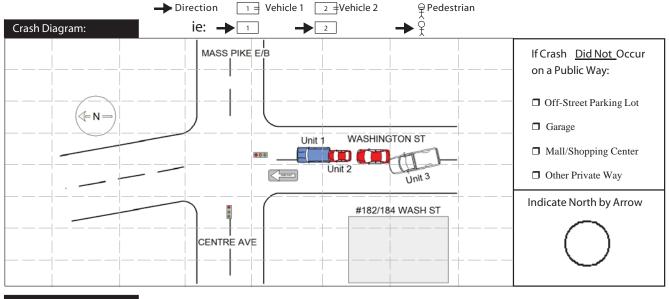
	Poli	ice Use Only		Comm	onweal	th o	of Massa	ach	use	etts			RM	V Docu	ıment	Number		
	Date of Crash 03/12/2019	Time of Crash	n City/I	own			icle Cra	sh		mber nicles	Numb		eed Limi		Sta Lo	nte Police cal Police BTA Police	X	
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				At			Feet [N S E	E W o	of –			•	or				Ľ
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l						-	Feet [N S F	E W 0	of						, , , , , , , , , , , , , , , , , , , ,		2
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	XVehicle1	_1_#Occupants	s Hit/Ru	Moped	Case N	umber			190000	00274								
	License#		St N	IA DOB/Age		Reg#	7NB594				Reg T	vne PA	AN	Res	g State	MA		
	Sex_F_ Lic.	18		19		-	ear_ 2017	V	eh Mal	ke CA				Veh C		20	_	
	Operator NEV		SUPASIRI	Endo	orsment		NORWOOD	CADI							Ü			
3	Address 15 PF	Last RESENTATION	First N RD	Mi	ddle		700 PROVID			IWAY	First			Midd	lle			Ŀ
	City BRIGHT			tate_MA Zip_02	135		ORWOOD						State	MA	Zip 0	2062	_	
	'	npany COMMEI					e Action Prior to	Crash	, [21					-	Up to Thr	ee)	
	1	Direction: X		sponding to Emerg	encv?		Sequence 1			22	22 2	!	3		4			
		ssued)		1	,		Harmful Event	1 2	3					Λ		0 Undercari	riage	
	,			n 2: ChSec			Contributing Co	Г	1 2	4	24	-	9		9 1	1 Totaled		
2	1			on 4: ChSec			ide/Override		-	l Fowed	N 8		7		6			
	Please	fill out for oper	rator and all occ	upants involved							28 Lirbag Air	29 S	30 31 Ect Trap de Code	32 Injury T	33 ransp.			_
	Name (Last Fir	st Middle)		See A	hove		Age/DOB	Sex	Pos. S	System	Status Sw	itch Co	de Code		Code 1	Medical Facil	ity	_1
	Орегию									1	2 9	0		7	1			
4	Please Select C of the Followi		le2 <u>1</u> #Occupa	nts Non-Mot	orist A Type	1	4 Action 1	Lo	cation	1	6 Con	dition	17	□⊦	Hit/Rur	п 🔲 Мор	oed	
	License#		St	1A DOB/Age_		Reg#_	6NL438				_Reg T	ype_P	AN	Re	g State	MA		
	Sex_F_ Lic.	Class D 18	18 Lic. Restriction			Veh Ye	ear_2014	V	eh Mal	ke_CH	EV			_ Veh C		1 20		
1	Operator WA	TSON	CELIA	Endo SHERR		Owner	(Same as open	rator)			First			Midd				
ŧ .	Address 51 BI	ROCK ST (apt. 2	First 2)	Mi	ddle	Addres	Las	t			First			Midd	lle		_	
	City BRIGHT	ON	S	tate_MA_Zip_02	135	City							State	:	_Zip			
	Insurance Company GEICO GENERAL					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)							ree)					
	Vehicle Travel Direction: X S E W Responding to Emergency?				gency?	22 22 22 23 4												
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	Name (Last Fi	Non-Motorist		See A	bove		Age/DOB	Sex	Pos.	System 1	Status S	witch Co	ode Code 0	Status	Code 1	Medical Faci	ility	
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Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Peet N S E W of Route# Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Peet N S E W of Route# Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Peet N S E W of Route# Intersecting Roadway/Street Name of Intersecting Roadway/Street Peet N S E W of Route# Intersecting Roa	Exit Number ate_MA age_ 20 cole Up to Three)					
AT INTERSECTION: Route# Direction Name of Roadway/Street	Exit Number ate_MA ag. 20 cole Up to Three)					
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Insurance Company COMMERCE Vehicle Action Prior to Crash 5 21 Vehicle Travel Direction: X S E W Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	rcle Up to Three)					
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Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Towed N Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Status Cod	11 Totaled					
Operator See Above Operator Operator See Above Operator Operator See Above Operator Ope						
Operator See Above Operator Operator See Above Operator Opera	p.					
of the Following: Vehicle#Occupants	Medical Facility					
of the Following: Vehicle#Occupants						
of the Following: Vehicle#Occupants						
of the Following: Vehicle#Occupants						
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18 18 19	Run Moped					
	ate					
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Conf						
Operator Owner Last First Middle Last First Middle						
Address Address						
City State Zip City State Zip						
insurance Company venicle Action Prior to Crash	22 22 22 2 3 4					
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence	10 Undercarriage					
Citation # (If Issued) Most Harmful Event 9 5	Most Harmful Event 5 11 Totaled					
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 7						
Violation 3: ChSec Violation 4: ChSec Underride/Override	3					
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code						
Operator/Non-Motorist See Above	1					



Crash Narrative:

OPERATOR #1 STATED SHE WAS STOPPED N/B ON WASHINGTON ST FOR THE TRAFFIC LIGHT AT THE INTERSECTION OF CENTRE
AVE/ MASS PIKE E/B ENTRANCE WHEN SHE WAS REAR ENDED BY VEHICLE #2.

OPERATOR #2 STATED SHE WAS TRAVELLING N/B ON WASHINGTON ST WHEN SHE BEGAN TO SLOW DOWN DUE TO THE TRAFFIC

AHEAD OF HER WAS STOPPED DUE TO A RED LIGHT. SHE THEN REPORTS THAT AS SHE WAS ABOUT TO HIT HER BRAKE TO COME

TO A FULL STOP, SHE WAS STRUCK ON HER DRIVERS SIDE REAR WHICH CAUSED HER TO BE PUSHED FORWARD ALL THE WHILE

ATTEMPTING TO JAM ON HER BRAKES TO AVOID CRASHING INTO THE VEHICLE IN FRONT OF HER. VEHICLE #2 STILL WAS

FORCED INTO THE REAR OF VEHICLE #1 BY VEHICLE #3.

OPERATOR #3 STATED HE WAS GOING N/B ON WASHINGTON ST WHEN HE ATTEMPTED TO GO AROUND VEHICLE #2 ON THE LEFT
THINKING THERE WAS ENOUGH CLEARANCE FOR TWO LANES OF TRAFFIC. AT THE TIME PRIOR TO CRASH THERE WAS A SINGLE

(Continued o	on next page)						
Witnesses:							
Name (Last, First, Middle)	A	Address			Phone	# Sta	atement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information: Carrier Name	Registration #			cle Section)	Carrier Iss	uing Authority Code	35
Carrier Name			City		St	Zip	
Carrier NameAddressUS DOT #:			City		St	Zip	
Carrier NameAddressUS DOT #:	_State Number	8	City Issuing State	ICC#:_	St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	_State Number	8	City Issuing State	ICC#:_	St	Zip	
Carrier NameAddressUS DOT #: Gro Trailer Reg #:	State Number	Reg State	City Issuing State Reg Year	ICC #: Tr	St	Zip3Interstate	

THOMAS J MCCARTHY			NEWTON POLICE DEPARTM		03/12/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2	₽Ŝ		
					I	<u>Did Not</u> Occur blic Way:
		_	·			treet Parking Lot
					Garag	e
			i i	į	☐ Mall/3	Shopping Center
			<u> </u>			Private Way
	_	 _	 			
		į	į į	į	indicate	North by Arrow
		_	-		· \	
Crash Narrative:						
LANE OF TRAFFIC AHEAD.				_ #0		
OPERATOR #3 FURTHER STATED ALSO CAUSING HIM TO HIT HEI		TO GO TO THE	LEFT OF VEHICL	E #2 HE T	HOUGHT SHE BEGAN T	O GO TO THE LEFT
I AGAIN SPOKE WITH OPERATO		AT ODERATOR	יים עיים אר פיים	יתאייבים אותם	CUE CTATED TUAT C	HE NEVER WENT TO
HER LEFT PRIOR TO THE CRASI		AT OPERATOR	10 VEHICLE #3 S	TATED AND	SHE STATED THAT S	HE NEVER WENT TO
	···					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
ivalile (Last, Flist, Midule)		Address			Filone #	Statement
Property Damage:	T					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	roperty
Truck and Bus Information:	Registration # _		(From Ve	hicle Section)		35
Carrier Name					Carrier Issuing A	
Address			City		St	
US DOT #:	State Number		Issuing State	ICC #:_	In	iterstate 36
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material	Name		Material 4 o	ligit # Rel	ease code 42
THOMAS J MCCARTHY				TON POLICE DEPARTM		03/12/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)