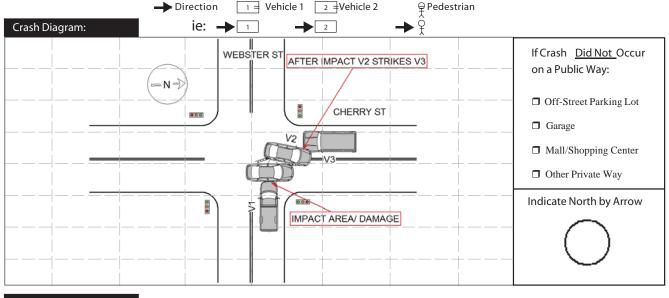
	Poli	ice Use Only		Comn	nonweal	lth o	of Massa	achu	iseti	ts		RMV	V Docur	ment Number		
	Date of Crash 03/16/2019	Time of Crash 14:49	City/I NEWTON	Town			icle Cra	sh	Numb Vehicl	es Injur	ed La	eed Limi		State Police Local Police MBTA Police	XI XI	
		24HR	SECUION				Report		3	1		ongitude_		Other:	$\overline{}$	
		AT INTER	RSECTION		< L	OCA	HON	>		NO)T A	I INTI	ERSE	CTION:	\dashv	
		CHERR	Y ST													
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								Street	_	
		WEBST	ER ST	At			Feet NSEW of						or		_	
	Route# Direc	ction N	Name of Intersec	ting Roadway/Stre	eet	<u> </u>	n . [s	ula la	xx/ c	Mile	e Marke	r	Exit Number			
			Also at Int	ersection with		Feet N S E W of Route# In						Intersec	tersecting Roadway/Street			
2 1	Route# Direc		Nama of Intar	secting Roadway/	Straat	·	Feet	N S E	W of						_	
3	Route# Direc	tion	Name of filter	secting Koadway/	Sileet							Laı	ndmark		-	
<i>J</i>	XVehicle1	#Occupants	Hit/Ru	n Mop	ed Case N	Number		19	9000002	91						
	License#		St 1	MA DOB/Age		Reg#	N92327			Reg '	Type C	ON	Reg	State_MA		
	Sex_M Lic.	Class D 18 19	8 Lic. Restricti	19	DL	-	ear_2011	Vel	n Make	_			Veh Co	20		
4	Operator CHI		JOSEPH	En	ndorsment		VERIZON NI						· en co	g	_	
3	Address 48 M	Last ONTANA DIR	First		Middle		Las 2200 WEST A			First			Middle		_	
	City HOLDEN			State_MA Zip_	01520		DALLAS					State	TX ,	Zip 75261	-	
		npany NATIONA		stateZip_			e Action Prior to	Crach		21				Circle Up to Thi	ree)	
5								22 22	2 22		e	3		4		
1		Direction: N		sponding to Eme	ergency !	Event sequence 1 10 Unde								10 Undercar	riage	
		ssued)					Harmful Event	1	24	(D 🗲	9		5 11 Totaled		
⁶ 1		1: ChSec				Driver Contributing Code 1										
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed N								_	
	Name (Last Fir		ator and all occ		Address	ress Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Medical Status Support Code Status Code Medical Status System Status Support Code Status Code Medical Status Support Code Status Code Medical Status System Status Support Code Status Code Medical Status Support Code Status Support Co							ansp. ode Medical Facil	lity		
	Operator			See	Above				99	4	99 0	0	5 1			
7										45						
2	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupa	nnts Non-M	lotorist A Type	e 1	Action 1	Loca	ation	16 Co	ndition	17	Hi	t/Run Mor	ped	
	License#		St_ ^I	MA DOB/Age		Pag#	1SHG21			Pog.'	Гуре_Р	AN	Род	State_MA	_	
	Sex_M Lic.	18 1		19	DL		ear_2010	Wal	Malra	_			Veh Co	20	_	
8	Operator PER		RICHARD		ndorsment		(Same as open		i wiake_				_ ven co	iiiig.		
2	· ·	Last	First		Middle		Las	t		First			Middle		-	
	Address 27 EDISON AVE					Address									-	
	l '	City DEDHAM State MA Zip 02026														
	Insurance Company SAFETY INSURANCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three)								ree)		
	Vehicle Travel Direction: X S E W Responding to Emergency?					X S E W Responding to Emergency? Event Sequence 1 1 1 2								riage.		
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec														nuge	
	Violatio	n 3: ChSe	ec Violat	ion 4: Ch	Sec	Under	ride/Override	25	Tow	red Y	<i>•</i>	/		6		
	Pl Name (Last Fi	ease fill out for	operator and a	all occupants inv	volved Address		Age/DOB		26 Seat Safe Pos. Sys	27 28 ety Airbag A	29 irbag Eje Switch C	30 31 Frap Code Code		33 ansp. code Medical Fac	ility	
		Non-Motorist		See	Above				99		4 0	0	5 1			
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	ice Use Only		Commonwea									nt Number
Date of Crash 03/16/2019	Time of Crash 14:49	City/Town NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Number Injured		Limit <u>25</u> de		tate Police ocal Police IBTA Police
, ,	24HR				Report		3	1		tude	C	Other:
	AT INTE	RSECTION:	< I	LOCAT	TION :	>		NOT	AT I	NTERS	SECT	ION:
Route# Direc	etion	Name of Ro	adway/Street	I	Route# Direction	n Add	ress #		Nam	e of Road	way/Str	eet
1		At		-	Feet NSEW of • or Mile Marker Exit Number							
Route# Direc	ction 1	Name of Intersecting F	<u>-</u>		Feet N	N S E V	v of	Wille Wi	arker		E	Exit Number
1		Also at Intersec	ion with				_	Route#	Int	tersecting	Roadwa	y/Street
Route# Direc	etion	Name of Intersecting	g Roadway/Street	-	Feet	N S E V	v or			Landma	-uls	
[V]xy,1,1,1,2	1 #0		Dwi							Landina	II K	
Vehicle3	_1_#Occupants	<u> </u>	Moped Case	Number		190	0000291					
License #	18	St MA	DOB/Age	_				_Reg Typ			•	20
Sex_F_ Lic.	Class	Lic. Restrictions	CDL		ear_2013		Make_FO	RD		Vel	n Config	g. 2
	NDWALL Last	LISA First	Middle	Owner	(Same as oper	ator)		First		M	liddle	
Address 56 CI					s							
City NEWTO			MA Zip <u>02461</u>	J								
-	npany COMMER				Action Prior to	Crash	2 21	Da D	ımaged	Area Cod	le: (Circ 4	ele Up to Three
	Direction: N		ling to Emergency?		Sequence 1 2	23	22			(T)	\neg	10 Undercarria
`	(ssued)		a		L	1	24	24 1	←	9	5	11 Totaled
1			ChSec		Contributing Co	ode 1 25				7		
	fill out for oper	ChSec	Underr	ide/Override		Towed	<u> </u>	30	31 32 Frap Injury	2 33		
Name (Last Fir	est Middle)	ator and an occupar	Address		Age/DOB	Sex Po	s. System	28 29 Airbag Airbag Status Switch	30 Eject Code	31 32 Frap Injury Code Status	2 33 Transp. S Code	Medical Facility
Operator			See Above				99	4 99	0	0 3	2	NEWTON WELLESL
Please Select (of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Locat		Condit	ion	17	Hit/Ru	un Mope
License#		St	DOB/Age	Reg#_				_Reg Typ	e	1	Reg Stat	
Sex Lic.	Class 18 1	Lic. Restrictions	CDL	Veh Ye	ear	Veh	Make			Vel	n Config	20
Operator	Last	First	Endorsment	Owner	Lasi	t		First		N	1iddle	
Address					s							
City		State_	Zip	City_						State	Zip	
Insurance Com	npany			Vehicle	Action Prior to		21		ımaged		,	ele Up to Three
Vehicle Travel	Direction: N	S E W Respo	nding to Emergency?	Event S	Sequence 2	22 22	22	22 2		3	4	10 Undercarria
Citation # (If I	Citation # (If Issued)					23	24	24 1	←	9	5	11 Totaled
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			: ChSec	Underr	ide/Override		Towed		30	31 32		
Name (Last Fi		r operator and all oc	cupants involved Address		Age/DOB		26 27 at Safety . os. System	28 29 Airbag Airbag Status Swite	Eject h Code	31 32 Trap Injury Code State	Transp.	
Operator/	Non-Motorist		See Above									
											+	



Crash Narrative:

On the above date/time I responded to the area of Cherry Street and Webster Street for a three motor vehicle crash with injuries.

Upon arrival along with Sgt. Dempsey, Fire/medics. I spoke with the operator of vehicle one. He stated he was stopped on Webster Street facing westbound a the red traffic signal. He further stated the traffic signal on Webster Street turned green, he accelerated forward. He stated vehicle two traveled north on Cherry Street at a high rate of speed through the red traffic signal. He stated he had no reaction time due to the speed of vehicle two and had impact.

I spoke to the operator of vehicle two. He stated he was traveling north on Cherry Street going too fast, he stated he thought it was a school zone so he slowed down and he did not observe the color of the traffic

(Continued on next page)

Witnesses:		A -1 -1				DI #	Chahamana
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			25
Carrier Name					Ca	rrier Issuing Authority	Code 35
Address			City		S	t Zip_	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit #	Release cod	e 42

→	▶ Direction	1 = Vehicle 1	vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →	1 -	■ →	₽			
						Crash <u>Did Not</u> C n a Public Way:	Occur
						Off-Street Parking	; Lot
		_				Garage	
		į į		į		Mall/Shopping Ce	enter
	_	-		+		Other Private Way	
	_	 				licate North by A	rrow
		i i					
Crash Narrative:							
signal. He stated he observ	ved vehicle or	ne come out of	the Webster S	Street at	the last seco	ond at impact.	
I spoke with the operator of	of vehicle thr	ree. She state	d only remember	ered bein	g stopped on (Cherry Street	facing
south. She stated she did r	not remember w	what color the	traffic signa	al was, j	ust knew she	was stopped wh	nen she
felt heavy impact from vehi	cle two.						
Injuries:							
Oper of V1 none at this tim	me- patient re	efusal					
Oper of V2 none at this time	ne - patient r	refusal					
Oper of V3 Head laceration	and head trau	ıma, transport	ed to Newton-	Wellesle	y Hospital		
Tody's towing arrived on so	cene and towed	d vehicles two	, three to the	eir tow l	ot. All prope	er paper work	was
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	: #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Veh	,			35
Carrier Name					Carrier Is	suing Authority Code	e
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39		
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	niler Length		
	41		Reg Year		iler Length		42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction	1 = Vehicle 1	2 #Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽ Ŷ			
						Crash <u>Did Not</u> Oo a a Public Way:	ccur
						ra rablic way.	
						Off-Street Parking I	Lot
		<u> </u>				Garage	
						Mall/Shopping Cen	ter
		-				Other Private Way	
		<u> </u>		<u></u>	Ind	licate North by Arr	ow
		 -					
						()	
Crash Narrative:							
done for a towed vehicle							
After the vehicles were t							
intersection and observed							
physical characteristics		rea on the ro	oadway, that v	vehicle tw	o went through	the red light	on
Cherry Street, which caus	ed the crash.						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	: #	Statement
Property Damage:		-					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:			(From Ve	,			35
Carrier Name					Carrier Is	suing Authority Code	
Address			City		St	Zip	
US DOT #:	State Number	38	Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				1	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Material i	Name		Material 4 o	ligit #	_ Release code	42
ROCCO D MARINI		13963	3 NEW	VTON POLICE DEPARTM		03/16/201	9

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)