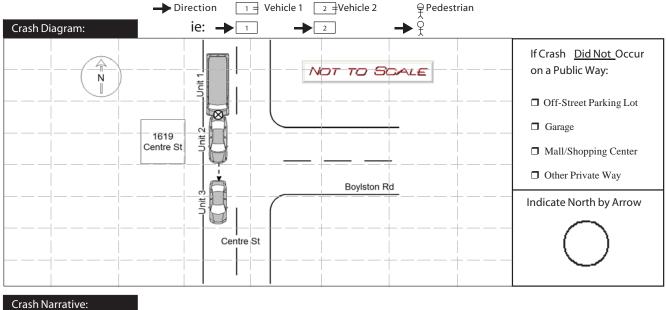
| | Poli | ice Use Only | | Comr | nonwea | lth (| of Mass | ach | use | etts | | | RM | V Doct | umen | t Number | | |
|---|--|---------------------------|--|------------------|--------------------|---|-------------------|------------|--------|--------------------|-----------------|-------------------|-------------------|--------------|---------------|---|----------|-----|
| | Date of Crash 03/29/2019 | Time of Cras | sh City/ NEWTON | Γown | Motor | Veh | icle Cra | sh | | mber | Numb | | eed Lim | | St | ate Police ocal Police BTA Police | N X | |
| | 03/23/2013 | 24H | | | | | Report | | 3 | | 0 | | ongitude_ | | O | ther: | <u> </u> | |
| | | AT INTE | ERSECTION | • | < I | LOCA | ΓΙΟΝ | > | | | NO | T A | Γ INT | ERSI | ECT | ION: | | - |
| | | | | | | | SOUTH | 1 10 | 619 | | CENT | RE ST | | | | | ŀ | _ |
| 1 [| Route# Direc | tion | Name | of Roadway/Stree | et | | Route# Direction | on A | ddres | s # | | N | Name of I | Roadwa | ay/Stre | et | | - : |
| \dashv | | | | At | | | Feet 1 | N S I | E W | of – | | | • | or | | | ŀ | _ |
| | Route# Direc | ction | Name of Intersecting Roadway/Street Mile Marker Exit Nur | | | | | xit Number | | | | | | | | | | |
| | | | Also at In | tersection with | | | Feet | N S I | E W o | of | Route | | Intersec | ting Ro | nadwa | v/Street | - | L |
| 4 | | | | | | Route# Intersecting Roadway/Street Feet N S E W of | | | | | | | | | | 2 | | |
| Route# Direction Name of Intersecting Roadway/Street Landmark 3 | | | | | | | ndmark | | | | | | | | | | | |
| | XVehicle1 | _1_#Occupan | nts Hit/Ru | n Mop | oed Case N | Number | | : | 190000 | 00329 | | | | | | | | |
| | License# | | St 1 | MA DOB/Age | | Reg# | T85646 | | | | Reg T | _{'vne} C | ON | Re | o State | _e MA | | |
| | Sex_M Lic. 0 | 18 | | 19 | NDI. | - | ear_2017 | V | ah Ma | μ _ο FO | _ | | | Veh (| _ | 20 | _ | |
| | Operator CRO | | DANIEL | T | ndorsment | | ELITE INST | | | кс | | | | _ ven e | Johns | | ŀ | - |
| 1 | Address 91 SU | Last J FFOLK ST | First | | Middle | | SS 956 TURNPI | st | | | First | | | Mid | dle | | _ | _ |
| | City BELLING | | | State MA Zin | 02019 | | CANTON | | | State MA Zip 02021 | | | | | | | _ | |
| | | | ECURITY INS | State2.ip | | - | e Action Prior to | Crash | , [| 21 | | | | | _ | le Up to Thr | ree) | |
| | Vehicle Travel | | | esponding to Em | ergency? | | Sequence 1 | | 22 | 22 | <u> </u> 22 2 | ! | 3 | | 4 | • | | |
| | Citation # (If I | _ | | sponding to Em | ergency: | | Harmful Event | 2 | 23 | | | | | | | 10 Undercari | riage | |
| | , | | Sec Violati | on 2: Ch | Sac | | l | 1 | 5 2 | 4 | (1 | • | 9 | | 5 | 11 Totaled | | |
| 2 | | | Sec Violati | | | | Contributing C | | | Towed | N 8 | | 7 | <u> </u> | 6 | | | |
| | | | erator and all oc | | | Unden | ride/Override | Т | _ | | 28 Airbag Ai | 29 | 30 31 ect Trap | 32 Injury | 33 Fransp. | | \dashv | _ |
| | Name (Last Fir | | | | Address | | Age/DOB | Sex | Pos. S | System 1 | Status Sw | itch Co | ode Code | | Code | Medical Facil | ity | 1 |
| | Operator | | | Se | e Above | | | | | 1 | 4 9 | 9 0 | 0 | 5 | 1 | | _ | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 1 | Please Select C of the Followi | IX Vehi | cle2 1_#Occupa | ants Non-M | Motorist A Type | e 1 | Action | 15 Lo | cation | 1 | .6 Con | dition | 17 | | Hit/Ru | n Mop | oed | |
| | License# | | St_ | MA DOB/Ag | e | Reg# | US5414 | | | | _Reg T | ype_P | AS | Re | g State | e_MA | _] | |
| | Sex_F_ Lic. (| Class D 18 | 18 Lic. Restricti | ons 1 19 | CDL | Veh Y | ear_2004 | V | eh Ma | ke_vo | | | | | Config | 20 | | |
| 1 | Operator HU | TCHINSFRIE | MAI DIANE | s | ndorsment | Owner | FRIDMANN | | |)A | | | | | | | _ | |
| 1 | Address 16 CI | HESTER RD | First | | Middle | Addres | SS 90 ROWENA | RD | | | First | | | Mid | dle | | _ | |
| | City_BELMON | NT | | State MA Zip | 02478 | City N | NEWTON CEN | ΓER | | | | | State | MA | _Zip_ | 02459 | _ | |
| | Insurance Com | _{npany} ARBELI | LA MUTUAL | | | Vehicle | e Action Prior to | Crash | ı [| 21 | | Damaş | ged Area | Code: | (Circl | le Up to Thr | ree) | |
| | | | | | | | Sequence 1 | 22 1 | 22 | 22 | 22 2 | ! | 3 | | 4 | | | |
| | | | | | | 23 10 Undercarriage | | | | | | riage | | | | | | |
| | Violation 1: Ch 90/23/Fsec Violation 2: ChSec Driver Contributing Code 1 24 24 | | | | | | | 11 Totaled | | | | | | | | | | |
| | | | Sec Viola | | | | ride/Override | L | ·=1 | owed_ | N 8 | _ | 7 | | 6 | | | |
| | | | for operator and a | | | 2 | S. C. Cirido | | | | | 29 S | 30 31 ect Trap | 32 Injury | 33 Fransp. | | \dashv | |
| | Name (Last Fi | | | | Address e Above | | Age/DOB | Sex | Pos. | System | Status S | witch C | ode Code | Status | Code | Medical Faci | ility | |
| | Орегают | 14011-1V1010F1S | ı | Sec | AUUVE | | | | | 1 | 4 9 | 9 0 | 0 | 5 | 1 | | \dashv | |
| | | | | | | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| | lice Use Only | | Commonwea | | | | | | | | ment Number | |
|--------------------------------|------------------------|---|--------------------------|----------|------------------|--|-----------------------|--|--------------------------------|---|---|----------|
| Date of Crash 03/29/2019 | Time of Crash 16:59 | City/Town NEWTON | | | icle Cra | $\mathbf{sh} \mid_{\mathbf{v}}^{\mathbf{N}}$ | Number Vehicles | Number Injured | Speed Li Latitude | | State Police Local Police MBTA Police | XI XI |
| | 24HR | | | | Report | | 3 | 0 | Longitud | | Other: | |
| | AT INTE | RSECTION: | < I | LOCAT | TION : | > | | NOT | AT IN | TERSE(| CTION: | |
| | | | | | | | | | | | | |
| Route# Dire | ection | Name of Roa | adway/Street | F | Route# Direction | n Addr | ess# | | Name o | f Roadway | /Street | |
| 1 | | | | - - | Feet N | SEW | of – | Mile Ma | | or | Exit Number | |
| Route# Dire | ection | Name of Intersecting R Also at Intersect | | | Feet N | N S E W | of | 11110 111 | | | LAR I Vallioci | — |
| | | 7130 at Intersect | ion with | | Feet N | N S E W | of | Route# | Inters | secting Roa | dway/Street | _ |
| Route# Dire | ection | Name of Intersecting | g Roadway/Street | | | 1-1-1-1 |] % | | | Landmark | | _ |
| XVehicle | 3 _1 _#Occupants | Hit/Run | Moped Case N | | | 4000 | 000000 | | | | | \Box |
| | | <u> </u> | r case r | Number | | | 0000329 | | | | | |
| License # | 18 | 18 | DOB/Age | | 1HS848 | | | | | | 20 | |
| 1 | . Class D | | CDL Endorsment | | 2011 | | | | | Veh Co | onfig. 1 | |
| Operator | Last OONALD ST (ap | ROSEMARY First | Middle | | (Same as oper | | | | | Middle | e | _ |
| | | | MA Zip 02188 | | S | | | | | nto | 7in | _ |
| | mpany_ARBELLA | | Zip <u>02100</u> | - | Action Prior to | | 21 | | | | Zip Circle Up to Thi | |
| - | el Direction: N | | ling to Emergency? | | Sequence 1 2 | 2 22 | 22 | <u>22</u> 2 | | 3 | 4 | |
| _ | Issued) | | g to Emergency: | | | 23 | | | \bigcap | $\downarrow \uparrow \uparrow \uparrow$ | 10 Undercar | rriage |
| 1 | | | ChSec | | Contributing Co | | 24 | 24 1 | ┗╽ | 9 | 11 Totaled | |
| 1 | | ec Violation 4: | | | ide/Override | 25 | Towed | N 8 | | 7 | 6 | |
| | ts involved | | | 2 Sea | 6 27 t Safety | 28 29 Airbag Airbag | 30 Eject Tra | 31 32 Injury Tr | 33 ansp. | | | |
| Name (Last F Operato | | | Address See Above | | Age/DOB | Sex Pos | . System S | Status Switch 99 | Code Cod | le \$tatus C | ode Medical Faci | lity |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Diagram Calast | 0 | | | 10 | 4 1 | 5 | 1 | 6 | | 7 | | _ |
| Please Select of the Follow | I Vehicle | e# Occupants | Non-Motorist A Typ | be 1 | Action | Location | | Condit | ion | ′] □ ні | it/Run Mo | ped |
| License# | | St | DOB/Age | Reg#_ | | | | _Reg Typ | e | Reg | | |
| Sex Lic | . Class | Lic. Restrictions | 19 CDL | Veh Ye | ear | Veh N | ſake | | | Veh Co | onfig. | |
| Operator | Last | First | Endorsment | Owner | Lasi | | | First | | Middle | e | _ |
| Address | | | | | s | | | | | | | _ |
| City | | State_ | Zip | City_ | | | | | Sta | ate | Zip | _ |
| Insurance Co | mpany | | | Vehicle | Action Prior to | Crash | 21 | | maged Ar | | Circle Up to The | ree) |
| Vehicle Trave | el Direction: N | S E W Respor | nding to Emergency? | Event S | Sequence 2 | 2 22 | 22 | 22 2 | | 3 | 4 10 Undercar | minan |
| Citation # (If | Issued) | | | Most E | Iarmful Event | 23 | 24 | 24 1 | ←] | 9 | 5 11 Totaled | nage |
| Violati | on 1: ChS | Sec Violation 2: | : ChSec | | Contributing Co | ode 25 | 24 | 24 8 | | 7 | 6 | |
| | | | ChSec | Underr | ide/Override | | Towed_ | | 30 3 | 31] 32 [| 33 | |
| Name (Last | | r operator and all oc | cupants involved Address | | Age/DOB | Sex Po | Safety A s. System | 28 29 Airbag Airbag Status Swite | 30 S Eject Tra h Code Co | o Injury Tr de Status C | ansp. Code Medical Fac | ility |
| Operato | r/Non-Motorist | | See Above | | | | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |



All operators state MV3 was stopped in traffic, with MV2 stopped in traffic behind it. Both vehicles were heading southbound on Centre St. MV1 failed to stop behind MV2, colliding with the rear of MV2. MV2 was sent forward from the impact and collided with MV3.

No injuries were reported on scene and no tows were needed. On my arrival all parties had exchanged

After further investigation it was determined the operator of MV2 was driving with a suspended license. I spoke to her via phone and she stated she thought it was cleared up. I advised her that I would be mailing a citation to her (Citation #T1441680) for operating after a suspended license. She was driven away from the scene by a neighbor (Michael Manna, S20209078).

| Witnesses: | | | | | | | | | | |
|--|------------------|-----------|-----------------|------------|----------|-------------------------------|-----------|--|--|--|
| Name (Last, First, Middle) | | Address | | | | Phone # | Statement | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Property Damage: | | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descr | iption of Damaged Property | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Truck and Bus Information: Carrier Name | | | (From Vehic | , | | Carrier Issuing Authority Cod | 35 le | | | |
| Address | | | City | | | St Zip | | | | |
| US DOT #:S | State Number | | _ Issuing State | ICC #:_ | | Interstate | 36 | | | |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | 39 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Le | ength 59 | | | | |
| Hazmat Information: | | | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nat | me | | Material 4 | digit# | Release code | 42 | | | |

| DANIEL RICHARD POUTAS | | NEWTON POLICE DEPARTM | 03/29/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |