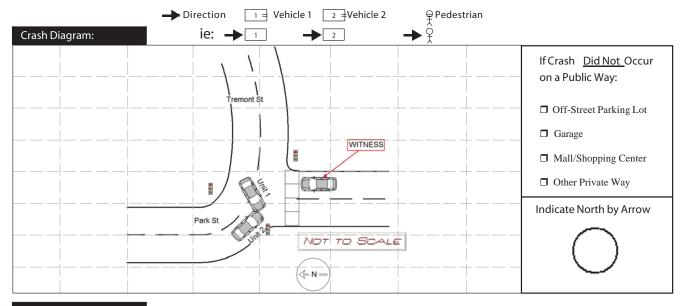
	Poli	ice Use Only		Commo	nwealth	of M	assa	ichi	use	tts			RM	V Docu	ument	t Number	
	Date of Crash 04/08/2019	Time of Crash	1	own M	Iotor Ve	hicle	Cras	sh		nber	Numbe	^	ed Limi tude _		St	ate Police ocal Police BTA Police	□ Xi
	04/08/2019	17:06 24HR	NEWTON		Police	Repo	rt		2	icics	0		gitude_			BTA Police ther:	
		AT INTER	RSECTION:	<	< LOC	ATION	>	>			NO	ГΑТ	INTI	ERSI	ECTI	ON:	2
	SOU	TH PARK S	ST														2
¹ 3	Route# Direct	tion	Name o	f Roadway/Street		Route#	Direction	n Ac	ddress	#		Na	me of F	Roadwa	ıy/Stre	et	_ 2 10
	At WEST TREMONT ST					Feet NSEW of or									2		
	Route# Direc			ing Roadway/Street		-						Marker				kit Number	_
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with							Feet NSEW of Route# Intersecting Roadway/Street								//Street	
² 2						_	Feet N	SE	W o	f	Route		intersee	ung I	Jua w u j	y/Birect	6
	Route# Direct	tion	Name of Inters	ecting Roadway/Stree	et	Landmark											
3	XVehicle1	#Occupants	Case Numb	Number 1900000351													
	License#		St N	IA DOB/Age	Pag	g# 12ZV77					Reg Ty	no PA	N	Do	a Ctat	. MA	
	License #	Class D 18 M 1	8	19		Year_2006						-			-	20	-
4			Lic. Restriction	Endors	ment					ARYE				_ ven C	onng.		10
3	Operator THI Address 1129	Last MAIN ST	First	Middl	le OW	ner MACK	Last	 Т			First			Mide	dle		- 1
	City WALTH			tate_MA Zip_0245		Address 1129 MAIN ST City WALTHAM State MA Zip 02451									02451	•	
		pany COMMER		tateZip_ <u>0245</u>				Cl-		21	_						ee)
5	1					venicle Action Prior to Clash 4											
1	ļ	Direction: N		sponding to Emergen	•	ent Sequence		23					\bigcap	\overline{A}		10 Undercarri	age
	,	ssued)				st Harmful I		1	2/	4	24 1	←	9			11 Totaled	
⁶ 2	1			n 2: ChSec		ver Contribu	Ī	de	1		8		7	<u> </u>) 6		
2				upants involved	Un	derride/Over	ride] 1	Towed		0 30) 31	32	33		13
	Name (Last Fire		ator and an occ	Addre	ess	Age/I	ООВ		26 Seat S Pos. \$	27 Safety A System S	28 irbag Airb tatus \$wit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Status	33 Fransp. Code	Medical Facilit	1 1
	Operator			See Abo	ove					1 4	99	0	0	10	1	N/A	
4	Please Select C of the Followin		2 <u>1</u> #Occupa	nts Non-Motor	rist A Type	14 Action	15		ation	10	Cond	ition	17		Hit/Ru	n Mope	ed
	License#		St N	IA DOB/Age	Rec	Reg # MM1807 Reg Type P/						ne PA	N Reg State MA				
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2007 Veh Make HONDA Veh Config. 1							20	-			
				Endors	ner APPELL ROGER						vencomig						
⁸ 1	Address 348C	le	Address 348C UNION ST Last First Middle Address 348C UNION ST									-					
	City ASHLAND State MA Zip 01721					City ASHLAND State MA Zip 01721									•		
	Insurance Company ARBELLA MUTUAL INS					Damaged Area Code: (Circle IIn to Three)									ee)		
						22 22 22 22 2 3 4											
Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 23							\prod	10 Undercarriage									
	Citation # (if issued) 9 5 1							11 Totaled									
			Driver Contributing Code 20 Towed N 6 Underride/Override Towed N														
1				on 4: ChSec_ Il occupants involve		aemae/Over	inde	T			28 2 irbag Airb	930	31 Trap	32	33		_
	Name (Last Fi	rst Middle)	- Perator and a	Addı	ress		DOB	Sex	Pos.	System	Status Sw	itch Coc	de Code	Injury 1 Status	ransp. Code	Medical Facil	ity
	Operator/	Non-Motorist		See Abo	ove					1 4	1 99	0	0	10	1	N/A	
													-				



Crash Narrative:

On Monday 4/8/2019 at approx. 1706 hrs, while assigned to N-494, I responded to the intersection of Park St and Tremont St for a 2 car MVA. On scene both operators said they were uninjured.

Operator of vehicle #1 states that he was traveling WB on Tremont St and attempted to take a left onto Park
St while observing a green light. He said that he saw vehicle #2 not moving with the operator "looking down"
and "probably looking at her phone." He then began to turn left but then he said that vehicle #2 suddenly
moved forward and they collided. Operator of vehicle #1 believes he had his left turn signal activated.

Operator of vehicle #2 states that she was on Park St, facing SB, about to turn left onto Tremont St. She
said that prior to the accident that she was looking at her "Waze" app for directions on her phone just prior
to the accident. She believes that she was moving "slowly" before the collision.

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Phone #						
ALCANTARA , EXSALA,	230 (apt 2) BEL NEWTON,MA									
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type De			Description of Damag	escription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address			City		St	Zip				
US DOT #:		Issuing State	ICC #:_		Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra						
Hazmat Information:										
Placard 40 Material 1 digit #	me		Material 4	digit #	Release code	42				

	→ Direction	1 ■ Vehicle 1	2 = Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: →□	1	2	→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
		_	<u> </u>		Off-Street Parkin	ng Lot
		 _			Garage	
	į	į	į į	į	☐ Mall/Shopping G	Center
		- 			☐ Other Private W	ay
		_			Indicate North by	Arrow
		 _				
					()	
Crash Narrative:						
Crasifivariative.						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Dua ca anti i Da ma a a a						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
				,,		
Truck and Bus Information: Carrier Name	Registration # _		(From V	ehicle Section)	Carrier Issuing Authority Co	35
			G'.			ode
Address			-			36
US DOT #:		38	Issuing State	ICC #:	Interstate	
January Jirana	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	niler Length	
40	rit # 41 Material	Nama		Matarial 4	ligit # Release code	42
Placard Material 1 dig	Material	ivaille		iviateriai 4 d	ngn # Kelease code	
KEVIN DURICKAS				WTON POLICE DEPARTA	04/08/	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)