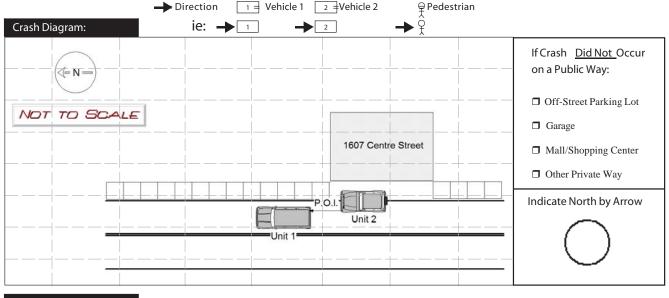
	Police Use On	nly		Commonwea	alth (of Massa	chus	setts						Number	
Date of Cra 04/13/2019		Crash NEWTO	City/Tow	n Motor	Veh	icle Cra	\mathbf{sh}	Number Vehicles			peed Lim		Sta Lo	ate Police cal Police BTA Police	N X
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At			i		Feet NSEW of or						_				
Route# D	irection	Name of Int	ersecting	Roadway/Street						le Marke				it Number	_
		Also	at Interse	ction with		Feet N	SEW	of	Rot		Intersed	cting Ro	adway	/Street	_
]				Feet [N S E W] of											
Route# D	Route# Direction Name of Intersecting Roadway/Street				Landmark										
XVehic	le1 <u>1</u> #Occu	pants Hi	t/Run	Moped Case	Number		190	0000372							
License#_			St MA	DOB/Age	Reg#	5843			Reg	Type P	AR	Re	o State	MA	
		8 18	strictions	19		ear_2010							_	20	_
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City NEW			Ctat	MA Zip 02461									7in		-
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Name (Last	First Middle)	operator una u		Address		Age/DOB	Sex Pos	s. \$ystem	Airbag . Status !	Airbag Ej Switch C	30 31 ject Trap ode Code	Injury 1 Status	ransp. Code	Medical Facili	ity
Opera	ior		_	See Above				- 1	4	4 0	0	10	1		
Please Sele		ehicle2 <u>2</u> #O	ccupants	Non-Motorist A Ty	ne	14 Action 15	5 Locati	on	16 Co	ondition	17		Hit/Rur	п П Мор	oed
of the Foll	wing:				^										
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	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL					eh Year 2015 Veh Make JEEP					Veh Config. 2				
Operator _	Last	CHRIS	irst	Middle		r JACKSON Last		ARIEL	LE First			Mide	ile		-
Address 6	FAIRFAX ST				Addre	ess 67 FAIRFAX S	ST								-
City SOM	City SOMERVILLE State MA Zip 02144					City SOMERVILLE State MA Zip 02144							-		
Insurance C	ompany SAFE	ETY INSURAN	CE		Vehic	le Action Prior to	Crash	1	1	Dama	ged Area	Code:	(Circle	e Up to Thre	ee)
Vehicle Tra	vel Direction:	X S E W	Resp	onding to Emergency?	Event	Sequence 1 2	2 22	22	22	2	3	$\overline{}$	\ ⁴ .	10.11	
Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									riage
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Viol	ation 3: Ch	Sec \	/iolation	4: ChSec	Under	ride/Override	25	Towed	<u>Y</u>	•	V.)	6		
Nama (I -	Please fill ou	ut for operator	and all o	ccupants involved		Age/DOB	Sex Po	26 27 Safety System	28 Airbag Status	29 Airbag Ej Switch C	30 31 ject Trap Code Code	32 Injury 1 Status	33 Transp. Code	Medical Faci	lity
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JACKSON	ARIELLE			AIRFAX ST			F 3	1	4	4 0	0	10	1		
,			SOM	ERVILLE, MA 02144				-			-	-			



Crash Narrative:

Operator of MV1 stated while traveling northbound on Centre St. vehicles in front of her came to a halt. As she came to a stop, MV2 struck her rear driver side. Operator of MV1 stated MV2 wasn't traveling too closely but due to the vehicles infront of her stopping quickly she had to stop quickly aswell.

Operator of MV2 stated while traveling northbound on Centre St, just passed the intersection of Centre St. and Walnut St. MV1 came to a stop. Operator of MV2 stated he attempted to pull onto the sidewalk to avoid rear ending MV1 but did not have enough room and struck MV2.

MV1 had significant damage to the rear passenger side. Operator of MV1 was able to drive her vehicle home.

MV2 had significant damage to the front driver side and driverside door. MV2 was not able to operate the vehicle due to the damage. Todys's towed the vehicle.

Witnesses:		A -1 -1				Dl #	Statement				
Name (Last, First, Middle)	Address				Phone #						
Property Damage:											
Owner (Last, First, Middle)		Phone #	34-Type	Description of	scription of Damaged Property						
Truck and Bus Information: Registration #(From Vehicle Section)											
Carrier Name Carrier Issuing Authority Code											
Address			City		S	St Zip					
US DOT #:	State Number		_ Issuing State	36							
Cargo Body Type Code 37 Gross Vehicle Weight 38											
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length											
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	Release cod	e 42					

SEAN STAKE NEWTON POLICE DEPARTA 04/13/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date