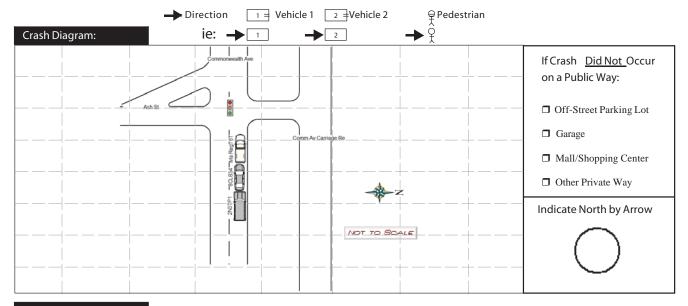
|                       | Poli  | ice Use Only   |                       | Comn             | nonwea             | lth o                                | of Mass        | sach     | iuse       | etts           |                                 |                   | RMV                      | V Docu         | ıment        | t Number                                |          |   |
|-----------------------|---|--|-----------------------|------------------|--------------------|--------------------------------------|----------------|----------|------------|----------------|---------------------------------|-------------------|--------------------------|----------------|--------------|---|----------|---|
|                       | Date of Crash<br>04/14/2019   | Time of Crash 09:23  | City/I<br>NEWTON      | `own             | Motor              | Veh                                  | icle Cr        | ash      |            | mber<br>hicles | Numbe                           |                   | ed Limi                  |                | Sta<br>Lo    | ate Police<br>ocal Police<br>BTA Police |          |   |
|                       | 04/14/2019  | 09:23<br>24HR  | NEWTON                |                  | Pol                | ice 1                                | Report         |          | 3          |                | 1                               |                   | igitude_                 |                | Ot           | BTA Police<br>ther:                     |          |   |
|                       |   | AT INTER   | RSECTION:             |                  | < I                | LOCAT                                | ΓΙΟΝ           | >        |            |                | NO                              | ΓАТ               | INTI                     | ERSE           | CTI          | ON:                                     |          | 2 |
|                       | WES   | т сомм   | ONWEALTH A            | AVE              |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          | 2 |
| <b>1</b>              | Route# Direc  | tion   | Name                  | of Roadway/Stree | et                 |                                      | Route# Direc   | tion .   | Addres     | s #            |                                 | Na                | me of F                  | Roadwa         | y/Stre       | et                                      | _        | 2 |
|                       | SOU   | TH ASH ST  | Γ                     | At               |                    |                                      | Feet           | NS       | E W        | of –           |                                 | •                 |                          | or             |              |   |          |   |
|                       | Route# Direc  |  |                       | ing Roadway/Str  | reet               | — [·                                 |                |          |            |                |                                 | Marker            |                          |                | Ex           | kit Number                              | _        |   |
|                       |   |  | Also at Int           | ersection with   |                    |                                      | Feet           | N S      | E W        | of             | Route                           | <del>-</del>      | Intersec                 | ting Ro        | adway        | v/Street                                | -        |   |
| 2<br>1                |   |  |                       |                  |                    | .                                    | Feet           | N S      | E W        | of             |                                 |                   |                          |                |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | 2 |
|                       | Route# Direction Name of Intersecting Roadway/Street Landmark   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          |   |
| 3                     | XVehicle1   | _1_#Occupants  | Hit/Ru                | n Mop            | ed Case I          | Number                               |                |          | 190000     | 00375          |                                 |                   |                          |                |              |   | 1        | ı |
|                       | License#  |  | St 1                  | IC DOB/Age       |                    | Reg#                                 | 2N37P1         |          |            |                | Reg Ty                          | ne PA             | N                        | Re             | o State      | . TN                                    |          | ı |
|                       | Sex_F Lic. 0  | 18 1   |                       | 19               |                    | _                                    | ear_2019       |          | /eh Ma     | ke JEE         |                                 | -                 |                          |                | _            | 20                                      | _        | ı |
| 4                     | Operator BUI  |  | JENNIFER              |                  | ndorsment<br>N     |                                      | EAN HOLI       |          |            | <u> </u>       |                                 |                   |                          |                |              |   |          | 1 |
| 3                     | Address 8029  | Last<br>SYCAMORE HI  | First                 |                  | Middle             |                                      | 14002 (apt.    |          |            | 1ST ST         | First                           |                   |                          | Midd           | lle          |   | _        | 1 |
|                       | City RALEIG   |  |                       | tate_NCZip       | 27612              | City T                               |                |          |            |                |                                 |                   | State                    | ОК             | Zin Z        | 74134                                   | -        | İ |
|                       | ,   | npany EAN HOL  |                       | Zip.             |                    |                                      | e Action Prior | to Cras  | sh [       | 21             |                                 |                   |                          |                | _ ^ _        | e Up to Thr                             | ee)      | İ |
| 5                     |   | Direction: N   |                       | sponding to Eme  | ergency?           |                                      | Sequence 1     | 22       | 22         | 22             | <u></u>                         | )                 | 3                        |                | 4            |   |          | İ |
| 1                     |   | ssued) T1441868  |                       | sponding to Link | ergency:           |                                      | Harmful Event  |          | 23         |                | (                               |                   |                          |                |              | 10 Undercari                            | riage    | İ |
|                       |   | 1: Ch_90/13/Sec  |                       | on 2: Ch         | Sec                |                                      | Contributing   | _        | 20 2       | 24             | 0                               | <b>←</b>          | 9                        |                | 5            | 11 Totaled                              |          | 1 |
| <sup>6</sup> 1        | 1   | 3: Ch Sec  |                       |                  |                    |                                      | ride/Override  |          | 25         | <br>Towed      | E                               |                   | 7                        |                | 6            |   |          | İ |
|                       |   | fill out for opera   |                       |                  |                    | Onden                                | Ide/Override   | <u> </u> |            |                | 28<br>Airbag Airl<br>Status Swi | 29 30<br>Dag Ejec | 0 31<br>t Trap<br>e Code | 32<br>Injury T | 33<br>ransp. |   | $\dashv$ | 1 |
|                       | Name (Last Fir  | est Middle)  |                       |                  | Address<br>e Above |                                      | Age/DOB        | Sex      |            |                |                                 |                   |                          | Status         | Code         | Medical Facil                           | ity      | 1 |
|                       | Operator  |  |                       | 360              | Above              |                                      |                |          |            | 1              | 4 4                             | 0                 | 0                        | 10             | 1            |   |          | ı |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          | ı |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          |   |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          |   |
| <sup>7</sup> <b>3</b> | Please Select C<br>of the Followi   | IX Vehicle   | 2 <u>1</u> #Occupa    | nts Non-A        | Motorist A Typ     | e 1                                  | 4 Action       | 15 L     | ocation    | 1              | 6 Cond                          | lition            | 17                       | اً ا           | Hit/Ru       | n Mop                                   | oed      | ı |
|                       | License#  |  | St_I                  | MA DOB/Ag        | e                  | Reg#                                 | 8CL834         |          |            |                | _Reg T                          | pe PA             | N                        | Re             | g State      | <sub>e</sub> MA                         |          | İ |
|                       | Sex_M_ Lic.   | Class D 18 1   | 8<br>Lic. Restriction | ons 1 C          | DL                 | _                                    | ear_2005       | \        | /eh Ma     | ke_HC          |                                 |                   |                          | Veh C          |              | 20                                      |          | İ |
| 8                     | Operator GU   | IDRY   | EVAN                  | MIC              | ndorsment<br>HAEL  | Owner                                | BRADBUR        |          |            | ENN            |                                 |                   |                          |                |              |   |          | İ |
| 1                     | Address 22 FL   | AGG RD   | First                 |                  | Middle             | Addres                               | SS 22 (apt. BA | SEMEN    | NT) FL     | AGG S          | First<br>FT                     |                   |                          | Midd           | lle          |   |          | İ |
|                       | City SOUTHBOROUGH State MA Zip 01772  |  |                       |                  |                    | City SOUTHBOROUGH State MA Zip 01772 |                |          |            |                |                                 |                   |                          | 01772          |              | İ                                       |          |   |
|                       | Insurance Com   | <sub>npany</sub> UNITED S  |                       |                  |                    | Vehicle                              | e Action Prior | to Cras  | sh [       | 21             | ] ]                             | Damage            | ed Area                  | Code:          | (Circl       | e Up to Thr                             | ee)      | 1 |
|                       | Insurance Company UNITED SERVICE  Vehicle Travel Direction: NXEW Responding to Emergency?  Citation # (If Issued) |  |                       |                  |                    | Event                                | Sequence 1     | 22 1     | 22         | 22             | <b>22</b> 2                     |                   | 3                        |                | 4            |   |          | 1 |
|                       |   |  |                       |                  |                    |                                      | Harmful Event  | 1        | 23         |                |                                 | ,                 |                          |                | 1 -          | 10 Undercari                            | riage    | İ |
|                       |   | Violation 1: ChSec Violation 2: ChSec Underride/Override Violation 3: ChSec Violation 4: ChSec Underride/Override Violation 4: ChSec Violation 4: ChSec Underride/Override Violation 4: ChSec Violation 4: ChSec Underride/Override Violation 4: ChSec Violation 4: ChSec Underride/Override Violation 4: ChSec Violation 4: C |                       |                  |                    |                                      |                |          | 11 Iotaled |                | 1                               |                   |                          |                |              |   |          |   |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                | ı                               |                   |                          |                |              |   |          |   |
|                       | Pl  | ease fill out for  |                       |                  |                    | 3 30/1                               |                |          |            |                |                                 | 9 30<br>pag Ejec  | ) 31<br>t Trap           | 32<br>Injury I | 33<br>ransp. |   | _        |   |
|                       | Name (Last Fi   | Non-Motorist   | <u> </u>              | Sac              | Address<br>e Above |                                      | Age/DOB        | Sex      | Pos.       | System         | Status Sw                       | itch Co           | de Code                  | Status         | Code 2       | Medical Faci                            |          |   |
|                       | Орега:01/   | 14011-1410101131   |                       | 366              | 2 1 100 VC         |                                      |                |          |            | 1              | 4                               | 0                 | U                        | 9              |              | TENTON WELLS!                           | -61      |   |
|                       |   |  |                       |                  |                    |                                      | -              | +        |            |                |                                 |                   |                          |                |              |   |          |   |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          |   |
|                       |   |  |                       |                  |                    |                                      |                |          |            |                |                                 |                   |                          |                |              |   |          |   |

|                                   | ice Use Only           |   | Commonwea                |         |                   |                               |                    |  |               |                                     |                   | Number                                  |
|-----------------------------------|------------------------|---|--------------------------|---------|-------------------|-------------------------------|--------------------|--|---------------|-------------------------------------|-------------------|---|
| Date of Crash 04/14/2019          | Time of Crash<br>09:23 | City/Town NEWTON                          |                          |         | icle Cra          | $\mathbf{sh} \mid \mathbf{n}$ | Number<br>/ehicles | Number<br>Injured                      | Latitud       | Limit <u><b>25</b></u><br>le        | - St<br>La        | ate Police [ ocal Police   BTA Police [ |
|                                   | 24HR                   |   |                          |         | Report            |                               | 3                  | 1                                      | Longit        |                                     | O                 | her:                                    |
|                                   | AT INTER               | RSECTION:                                 | < ]                      | LOCA'   | FION :            | >                             |                    | NOT                                    | AT I          | NTERS                               | ECT               | ON:                                     |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
| Route# Direc                      | tion                   | Name of Roa                               | adway/Street             |         | Route# Direction  | n Addı                        | ress #             |  | Name          | of Roadw                            | ay/Stre           | et                                      |
|                                   |                        |   |                          |         | Feet N            | N S E W                       | of -               | Mile Ma                                |               | — or                                |                   | rit Number                              |
| Route# Direc                      | ction 1                | Name of Intersecting R  Also at Intersect |                          | l       | Feet N            | N S E W                       | of of              | 11110 111                              |               |                                     |                   | ar rumber                               |
| 1                                 |                        | 7130 at Intersect                         | on with                  |         | Feet N            | NSEW                          | 7] of              | Route#                                 | Inte          | ersecting R                         | Roadway           | //Street                                |
| Route# Direc                      | tion —                 | Name of Intersecting                      | g Roadway/Street         | [       |                   | 1-1-1.                        | ] %                |  |               | Landmar                             | ·k                |   |
| X Vehicle 3                       | 1 #Occupants           | ☐ Hit/Run                                 | Moped Case               |         |                   | 400                           | 2000255            |  |               |                                     | -                 |   |
| - Temeres                         |                        |   |                          | Number  |                   |                               | 0000375            |  |               |                                     |                   |   |
| License #                         | 18 1                   | St MA                                     | DOB/Age                  | Reg#    |                   |                               |                    |  |               |                                     | -                 | 20                                      |
| Sex_M_ Lic.                       |                        | Lic. Restrictions                         | 9 CDL<br>Endorsment      |         | 2015              |                               |                    |  |               |                                     | Config.           | 2                                       |
| Operator Address 262 V            | RPHY  Last VEBSTER ST  | First                                     | Middle                   |         | (Same as oper     |                               |                    | First                                  |               |                                     | ddle              |   |
| Address 202 V                     |                        | g <sub>4-</sub> , 1                       | MA Zip 02465             |         | SS                |                               |                    |  |               |                                     | 7:                |   |
|                                   | npany ALLSTAT          |   | Zip <u>02405</u>         | -       | e Action Prior to |                               | 21                 |  |               |                                     | _ ^ -             | e Up to Three                           |
| ┪                                 | Direction: N           |   | ing to Emergency?        |         | Sequence 1 2      | 22 22                         | 22                 | <b>22</b> 2                            |               | 3                                   | 4                 | - '                                     |
| _                                 | ssued)                 |   | to Emergency:            |         | Harmful Event     | 23                            |                    |  |               |                                     |                   | 10 Undercarrias                         |
| 1                                 |                        |   | ChSec                    |         | Contributing Co   |                               | 24                 | 24 1                                   | <b>-</b>   /  | 9                                   | 5                 | 11 Totaled                              |
| 1                                 |                        | c Violation 4:                            |                          |         | ride/Override     | 25                            | Towed              | N 8                                    |               | 7                                   | 6                 |   |
|                                   |                        | ator and all occupan                      |                          |         | T                 | Sea Sea                       | 26 27<br>at Safety | 28 29<br>Airbag Airbag                 | 30<br>Eject T | 31 32<br>rap Injury                 | 33<br>Transp.     |   |
| Name (Last Fin                    |                        |   | Address<br>See Above     |         | Age/DOB           | Sex Pos                       | . System           | Status Switch                          | Code          | Oode Status  10                     | Code 1            | Medical Facility                        |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
| Dia a a Cala at 6                 | )                      |   |                          |         | 4 1               | 5                             |                    | 6                                      |               | 17                                  |                   | _                                       |
| Please Select (<br>of the Followi | I Vahicle              | e# Occupants                              | Non-Motorist A Typ       | pe      | Action            | Locati                        |                    | Condit                                 | ion           |                                     | Hit/Ru            | n Moped                                 |
| License#                          |                        | St  | DOB/Age                  | Reg#    |                   |                               |                    | _Reg Typ                               | e             | R                                   | eg State          |   |
| Sex Lic.                          | Class 18 1             | Lic. Restrictions                         | 19 CDL                   | Veh Y   | ear               | Veh I                         | Make               |  |               | Veh                                 | Config.           | 20                                      |
| Operator                          | Last                   | First                                     | Endorsment               | Owner   | Las               | 1                             |                    | First                                  |               | Mi                                  | ddle              |   |
| Address                           |                        |   |                          |         | ss                |                               |                    |  |               |                                     |                   |   |
| City                              |                        | State_                                    | Zip                      | City_   |                   |                               |                    |  | 5             | State                               | _Zip_             |   |
| Insurance Com                     | npany                  |   |                          | Vehicle | e Action Prior to |                               | 21                 |  | maged A       |                                     | ,                 | e Up to Three                           |
| Vehicle Travel                    | Direction: N           | S E W Respon                              | ding to Emergency?       | Event   | Sequence 2        | 22 22                         | 22                 | 22 2                                   |               | 3                                   | 4                 | 10 Undercarrias                         |
| Citation # (If I                  | ssued)                 |   |                          | Most I  | Harmful Event     | 23                            | 24                 | 24 1                                   | <b>←</b> [ ]  | 9                                   |                   | 10 Undercarnaş<br>11 Totaled            |
| 1                                 |                        |   | ChSec                    |         | Contributing Co   | ode                           | 24                 | 24 8                                   |               | 7                                   | $\mathcal{I}_{6}$ |   |
|                                   |                        |   | ChSec                    | Under   | ride/Override     |                               | Towed              |  | 30            | 31 32                               | 33                |   |
| Name (Last F                      |                        | operator and all oc                       | cupants involved Address |         | Age/DOB           | Sex Po                        | Safety System      | 28 29<br>Airbag Airbag<br>Status Swite | Eject T       | 31 32<br>Trap Injury<br>Code Status | Transp.           | Medical Facility                        |
| Operator                          | Non-Motorist           |   | See Above                |         |                   |                               | -                  |  |               |                                     |                   |   |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
|                                   |                        |   |                          |         |                   |                               |                    |  |               |                                     |                   |   |
|                                   |                        |   |                          |         | 1                 |                               |                    |  |               |                                     |                   |   |



## Crash Narrative:

On 4/14/2019 at approx 0923Hrs while assigned to 497 I responded to the area of Commonwealth Av and Ash St for a report of a three car crash. upon arrival I observed three cars off to the side of the road. i spoke with the operator of ma Reg T6T, Robert MURPHY who stated he had stopped for the red light at Commonwealth and Ash St when the operator of TN Reg 2N37P1, Jennifer BURNELL failed to stop striking the operator of Ma Reg 8CL834 Evan GUIDRY who in turn than ran into the back of MURPHY. I spoke with BURNELL who stated she was lost and had been looking down onto her phone looking for a map when she ran into the back of GUIDRY. BURNELL cited for violation MGL90/13 distracted Operation , GUIDRY transported to NWH by Cataldo Ambulance for neck and head pain. GUIDRY and BURN ELLS vehicles towed by Todys. NFD responded and cleared roadway or debris and fluids.

| Witnesses:                    |                  |           |               |            |           |                  |                  |    |
|-------------------------------|------------------|-----------|---------------|------------|-----------|------------------|------------------|----|
| Name (Last, First, Middle)    | Address          |           |               | Phone #    | Statement |                  |                  |    |
|                               |                  |           |               |            |           |                  |                  |    |
|                               |                  |           |               |            |           |                  |                  |    |
| Property Damage:              |                  |           |               |            |           |                  |                  |    |
| Owner (Last, First, Middle)   | Address          |           | Phone #       | 34-Type    | Desc      | ription of Damag | ed Property      |    |
|                               |                  |           |               |            |           |                  |                  |    |
|                               |                  |           |               |            |           |                  |                  |    |
| Truck and Bus Information:    | Registration #   |           | `             |            |           | Carrier Issui    | ng Authority Cod | 35 |
| Address                       |                  |           | City          |            |           |                  |                  |    |
| US DOT #:                     | State Number     |           | Issuing State | ICC #:_    |           |                  | Interstate       | 36 |
| Cargo Body Type Code Gross    | s Vehicle Weight | 38        |               |            |           | 39               |                  |    |
| Trailer Reg #:                | Reg Type         | Reg State | Reg Year      | Tr         | ailer L   |                  |                  |    |
| Hazmat Information:           |                  |           |               |            |           |                  |                  |    |
| Placard 40 Material 1 digit # | 41 Material Nat  | me        |               | Material 4 | digit #   | :                | Release code     | 42 |

| JO A GOURDEAU                      |           |            | NEWTON POLICE DEPARTM |                   | 04/14/2019 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |