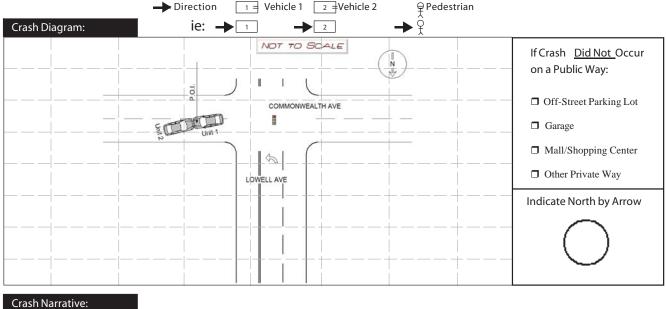
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On 04/27/2019, while assigned to N494, I, Officer Conary, responded to Commonwealth Ave at Lowell Ave for a MVA. Upon arrival, I observed two sedans in the middle of Commonwealth, facing opposite directions. I told both operators to pull to the side of the road.

Operator of MV1 stated that he was traveling Southbound on Lowell Ave and took a left turn onto Commonwealth Ave going Eastbound. When he took the turn, he said he took it too sharp and got distracted with a lip balm in his car. He looked down because it fell on the side of the driver's side door. When he looked down he entered the Westbound lane of traffic and hit MV2.

Operator of MV2 stated that she was traveling Westbound on Commonwealth Ave when she saw MV1 swerving into her lane. She attempted to avoid MV2 hitting her, but MV1 hit her head on.

(Continued on next page)

(Continued o	n next page,										
Witnesses:											
Name (Last, First, Middle)	Address		Phone #	Phone #							
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	scription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code											
Address			City		St	Zip					
US DOT #: State Number Issuing State ICC #: Interstate 36											
Cargo Body Type Code Gross Vehicle Weight 39											
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length						
Hazmat Information:											
Placard 40 Material 1 digit #	# 41 Material Nar	me		Material 4	digit #	Release code	42				

	Direction	1 = Ve	hicle 1	2 = Vehicle 2	₽ Pedestr	rian		
Crash Diagram:	ie: →[1	→[2	→ ♀			
							If Crash <u>Did Not</u> (on a Public Way:	Occur
							G Off Start Parking	. I
			ĺ				☐ Off-Street Parking	g Lot
		_			. — — —		☐ Garage	
		_					☐ Mall/Shopping Ce	
							☐ Other Private Way	У
							Indicate North by A	rrow
		-j						
		 	+	+				
Crash Narrative:								
Both operators were offe	ered and decline	d medi	cal atte	ention. Both	vehicles w	ere dri	ven from scene. No	further
incident to report.								
Witnesses								
W itnesses: Name (Last, First, Middle)		Add	lress				Phone #	Statement
Proporty Damago								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	of Damaged Property	
						•		
Truck and Bus Information:	Registration # _			(From \	Vehicle Section)			35
Carrier Name							arrier Issuing Authority Cod	le
Address				-				36
US DOT #:	Г	38		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Gross Vehicle Weight						39	
Trailer Reg #:	Reg Type	F	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information: 40	41							42
Placard Material 1 dig	git # Material	Name			Material 4	digit #	Release code	
KRISTINA CONARY				N	EWTON POLICE DEPART	١	04/27/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)