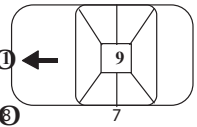
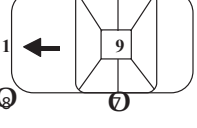


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/16/2019	Time of Crash 06:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 930 WATERTOWN ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000497					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BEAGAN KIM M Address 1 THEURER PK City WATERTOWN State MA Zip 02472 Insurance Company COMMERCE			Reg # RT91EL Reg Type PAN Reg State MA Veh Year 2013 Veh Make ACURA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: NSEW Responding to Emergency? _____ Citation # (If Issued) T1442362 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 14 24 9 24 Underride/Override 25 Towed Y 									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 3 99 0 0 9 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St RI DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SUAREZ CRISTOBAL Address 65 CENTRE ST (apt. 1) City PAWTUCKET State RI Zip 02860 Insurance Company UNK			Reg # 81082 Reg Type CON Reg State RI Veh Year 2000 Veh Make FORD Veh Config. 2 20 Owner PENA ANIANY Address 123 LEONARD JENARD DR City PAWTUCKET State RI Zip 02860 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: NSEW Responding to Emergency? _____ Citation # (If Issued) T1442363 Violation 1: Ch 90/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- 1 4 99 0 0 9 2 NEWTON WELLESLEY									

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/16/2019		Time of Crash 06:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000497							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # 315PW6 Reg Type PAN Reg State MA Veh Year 2004 Veh Make CHEVY Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20								12	
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company METROPOLITAN PROP				Owner COTE JAMES Address 934 WATERTOWN STREET City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N								13	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled									
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility													
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20									
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled									
Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

On Thursday, May 16th 2019, at approximately 6:40am, I, Officer Brooks, responded to 930 Watertown street for a report of a head on collision. Upon my arrival I spoke with the operator of MV1(MA REG RT91EL) who stated she was traveling westbound on Watertown street and "blacked out" and could not recall how the accident happened. I asked what she meant about blacking out, and she stated she thought she had a panic attack and may have passed out. The operator of MV1 stated she takes Lorazepam for panic attacks, but has never had one like this. MV1 had heavy front end damage and airbag deployment, specifically to the driver's side. The operator was uninjured.

I then spoke with the operator of MV2(RI COM 81082) who stated he was traveling eastbound on Watertown street, and observed MV1 crossing over the center line. The operator of MV2 stated he tried to get out of

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

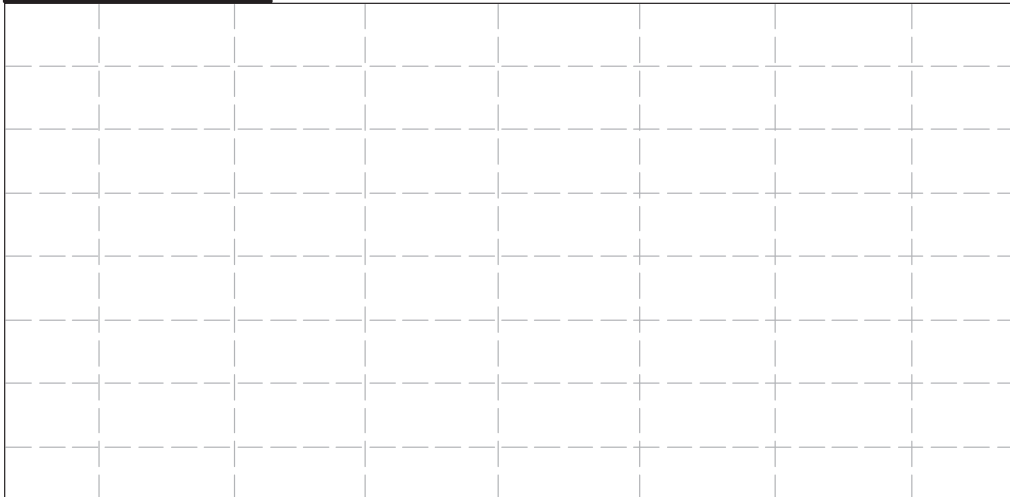
JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	05/16/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

the way but MV1 continued into his lane and struck him head on. MV2 had damage to the drivers side front end. The operator stated that he was suffering from shoulder pain to his right shoulder. The operator of MV2 was transported to Newton Welleseley by Cataldo.

Both MV1 and MV2 were towed by Tody's due to the damage. As a result of the collision, MV2 rolled into parked a vehicle MV3(MA REG 315PW6). There was minor damage to the rear end of MV3. The owner was notified and provided the crash information.

The operator of MV1 was mailed MA Uniform citation T1442362 for 89/4a Marked Lanes violation, and additionally based on her statement of passing out at the wheel I filed an immediate threat with the registry. The operator of MV2 was mailed MA Uniform Citation T1442363 for 90/9 Expired registration.

#### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

#### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

#### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

05/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date