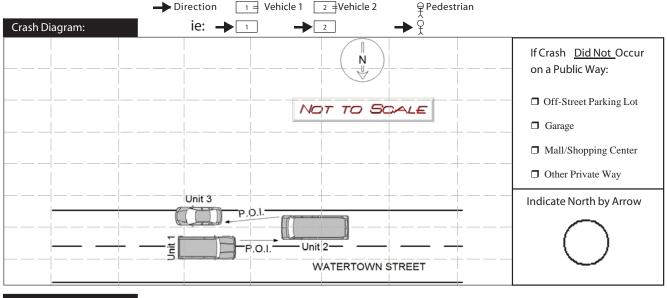
	Poli	ice Use Only		Commonv	vealth	of Mass	achı	ısett	S		RM	V Docu	ıment N	umber	
	Date of Crash 05/16/2019	Time of Crash 06:40 24HR	NEWTON	14100		nicle Cra Report	ash	Number Vehicle 3	- 1	ired La	eed Lim titude _ ongitude		State Loca MBT Othe	Police [l Police] A Police [r:	
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1 1	Route# Direc	tion		Roadway/Street		Route# Directi	ion Ac	ldress #		N	Name of I	Roadway	y/Street		_ 2 1
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2			Table at Inter-			Feet	N S E	w of	Ro	ute#	Intersec	cting Ro	adway/S	treet	6
² 1	Route# Direc	tion	Name of Intersec	ting Roadway/Street							La	ndmark			_ _
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	19	90000049	97						1
	License#		St MA	A DOB/Age	Page	RT91EL				Type_P	AN	Par	r Stata N	ЛA	-
	Sex_F Lic.	18 1		19		Year_2013								20	
4	Operator BEA		KIM	M Endorsment	t	er (Same as ope		ir iviake_							1
1	Address 1 TH		First	Middle		ess			Firs			Midd	le		1
	City WATER	ΓΟWN	Sta	te_MA Zip_02472								:	Zip		
	Insurance Com	pany COMMER	CE		Vehic	cle Action Prior t	o Crash	1	21	Dama	ged Area	Code:	(Circle U	Jp to Three)
5	Vehicle Travel	Direction: N	S E X Resp	onding to Emergency?_	Even	t Sequence 1	22 22	2 22	22	2	3		4		
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	Violation	1: Ch_89/4ASec	C Violation	2: ChSec	_ Drive	er Contributing C			9 24			<u>\</u>		Tourist .	
⁶ 1	Violation	3: ChSec	_ Unde	Underride/Override Z5 Towed Y 6											
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 2 Seat Safet Pos. \$yste	7 28 y Airbag em Status	29 Airbag Eje Switch Co	30 31 ect Trap ode Code	32 Injury T	33 ransp. Code M	edical Facility	1
	Operator	,		See Above				1	3	99 0	0			IONE	
															-
7 1	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupant	s Non-Motorist A	Туре	14 Action	15 Loca	ation	16 C	ondition	17		lit/Run	Море	d
	License#		St RI	DOB/Age	Reg #	Reg # 81082				Reg Type CON			Reg State_RI		1
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL												20		
⁸ 2	Operator SU	AREZ	CRISTOBAL	Endorsment		er PENA		ANIA							
	Address 65 CENTRE ST (apt. 1)					Address 123 LEONARD JENARD DR									
	City PAWTUCKET State RI Zip 02860					City PAWTUCKET State RI Zip 02860									
	Insurance Com	pany_UNK	Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three))			
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		Non-Motorist		See Above		Agd DOB		1	4	99 0	0			VTON WELLESLE	
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05/16/2019	06:40	NEWTON	IVIO		iicle Cra Donart	\	ehicles	Injured	Latitud	le		tate Police ocal Police IBTA Police	X
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Please f	ill out for opera		Age/DOB	Sex Pos	6 27 t Safety A System	28 29 Airbag Airbag Status Switch	30 Eject I Code	31 32 Frap Injury Code Status	2 33 Transp Code	Medical Facili	ity		
Operator			See Above	:			-						
Please Select C	ne Vehicle	# Occupants	Non-Motorist	A Type	14 Action	15 Locatio	1 1	6 Condit	ion	17	Hit/Ru	un Mop	ad
of the Followin	ng: Verillele	# Occupants	- Non-wotonst	н турс	Action	Locatio)II	Condit			THORN	un liviop	eu
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Operator	Last	First	Middle		er	st		First		N	liddle		_
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'				Damaged Area Code: (Circle Un to Three)								ee)	
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Ple	ease fill out for	operator and all occ	cupants involved			2 Sea	6 27 A	28 29 Lirbag Airbag	30 Eject I	31 32 rap Injury	/ Transp		
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_							+						
							+		+ -		-		—



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 or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	n of Damag	ged Property	
Truck and Bus Information: Carrier Name			(From Vehic		(Carrier Issu	ing Authority Coo	35 le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digit #	Material Nar	me		Material 4	digit#		Release code	42

→	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	₽ ĝ		
						<u>Did Not</u> Occur blic Way:
		<u> </u>			□ Off-Se	treet Parking Lot
					Garag	e
		į į	į	į	☐ Mall/3	Shopping Center
	· — — — — —	-		+	Other	Private Way
	· — — — —	 				North by Arrow
					malcate	North by Allow
					\	
Crash Narrative:						
the way but MV1 continued	into his lane	and struck h	im head on. MV2	2 had dama	age to the drivers	side front end.
The operator stated that h	e was sufferir	ng from should	der pain to his	s right sh	noulder. The opera	tor of MV2 was
transported to Newton Well	eseley by Cata	aldo.				
Both MV1 and MV2 were towe	d by Tody's du	ie to the dama	age. As a resu	Lt of the	collision, MV2 ro	lled into parked
a vehicle MV3 (MA REG 315PW	6). There was	minor damage	e to the rear	end of MV	3. The owner was n	otified
and provided the crash inf	ormation.					
The operator of MV1 was ma	iled MA Unifor	m citation T	1442362 for 89,	/4a Marked	d Lanes violation,	and
additionally based on her	statement of p	passing out a	t the wheel I	filed an i	immediate threat w	ith the
registry. The operator of	MV2 was mailed	d MA Uniform (Citation T1442	363 for 90)/9 Expired regist	ration.
Witnesses:		1				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	roperty
Truck and Bus Information:						
Carrier Name	_		`	icle Section)	Carrier Issuing A	authority Code.
Address			•			Zip
US DOT #:		38	Issuing State	ICC #:	In	terstate
Cargo Body Type Code Gros	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:	<u> </u>					42
Placard Material 1 digit #	Material N	Name		_ Material 4 d	igit#Rel	ease code 42
IOCEDII I BROOVE		3833	.0			0E # 6 /2010
Police Officer Name (Please Print)	Signatur			on POLICE DEPARTA	Precinct/Barracks	05/16/2019 Date