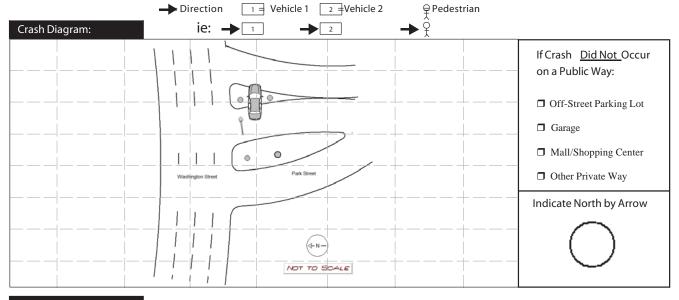
SOUTH PARK ST		Poli	ice Use Only		Commonwea	lth (of Mass	achı	usetts	5		RMV	/ Docun	nent Number	
A				1	Motor	Veh	icle Cra	ash			_ ^			State Police Local Police	N X
SOUTH FARK ST		03/19/2019		NEWTON						1 '				Other:	
SOUTH PARK ST			AT INTER	SECTION:	< I	LOCA'	TION	>		NO	ΓАТ	INTI	ERSE	CTION:	٦,
SAST NASHINCTION ST For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Stree		SOU	TH PARK S	ST											2
SAST NASHINCTION ST For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Street For Name of Intersection Roadway/Street For Name of Intersecting Roadway/Stree	$\frac{1}{4}$	Route# Direc	tion				Route# Directi	ion A	ddress #		Na	me of R	loadway/	/Street	
Route Direction Name of Intersecting Roadway/Street Feet N S W of Route Intersecting Roadway/Street 11						Feet NSEW of or						_ _			
Total Security Intersecting Readway/Street Total Intersecting Readway/Street Intersecting Readway/Street Intersecting Readway/Street Intersecting Readway/Street Intersection Readway/Street Intersection Readway/Street Intersection Readway/Street Intersecting Readway/Street Intersection Readway/St		Route# Direc	etion N	Name of Intersecting	Roadway/Street					Mile I	/Iarker			Exit Number	_
Route# Direction Name of Intersecting Roadway/Street Landmark				Also at Interse	ction with		Feet	NSE	W of	Route	<u> </u>	Intersec	ting Road	dway/Street	- _
Secondary Seco	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$			27 07	D 1 (0)	I	Feet [N S E	W of						1
Major Sec		Route# Direc	tion	Name of Intersecti	ng Roadway/Street	Landmark								4	
Sec. F. Lic. Class D 18 18 Lic. Restrictions 1 ODL	3	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		1	90000050	7					
Sec. F Lic. Class D 18 18 Lic. Restrictions 1 ODL		License#		St MA	DOB/Age	Reg#	7MN186			Reg Ty	pe PA	N	Reg	State MA	
Address Addr		Sex F Lic. 0	Class D 18 1		19	_		Ve	h Make N		-		_	20	_
Address ARLIVWAY Address Add	4			LAUREN						T					
City BRIGHTON State MA Zip 02135 City CANTON State MA Zip 02021 Insurance Company CEICO Vehicle Travel Direction: NS W Responding to Emergency? Event Sequence 22 22 22 22 22 22 22 23 4 10 Undercarriage Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override Please fill out for operator and all occupants involved Address Age DOB Sec Sec Sec COPE Sec Lic. Class 18 18 Lic. Restrictions 10 14 4 0 0 10 1 Please Select OPE Sec Lic. Class 18 18 Lic. Restrictions 10 10 1 Poperator Override Please fill out for operator and all occupants 10 10 1 Address	3			First	Middle			AY		First			Middle		_
Insurance Company_CEICO Vehicle Travel Direction: NS W Responding to Emergency? Event Sequence 22 22 23 23 4 10 Undercarriage Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override Please fill out or operator and all occupants involved Name (Last Piru Middle) Please fill out for operator and all occupants involved Address AgeDOB Sec No. Pirus Security State 20 1 4 4 0 0 10 1 1 Please Select One Override 4 0 0 10 1 1 Please fill out for operator and all occupants involved Sex No.				State	MA Zip 02135							State	MA	Zip 02021	_
Same class Final Models Sec Violation 2: Ch Sec Underride Override Sec Underride Overrid		'						o Crash	1					•	ree)
Citation # (If Issued) Citation # (If Issued)	5	Vehicle Travel	Direction: N	S W Respon	nding to Emergency?	Event	Sequence 22	22 2		22 €		3		4	
Violation 1: Ch. Sec. Violation 2: Ch. Sec. Driver Contributing Code 21 24 24 24 24 24 24 24 24 24 24 24 24 24	1				2 2 ,		^	22 23	3		_	M		1	riage
Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDOB Sec. Violation 3: Ch. Sec. Violation 4: Ch. Sec. Underride/Override Please fill out for operator and all occupants involved Address AgeDOB Sec. No. System Name Switch Code Took Status Code No. System Name Switch Code Took Status Code No. System Name Switch Code Took Status Code No. System Name Switch Code Took Took Took Took Took Took Took Took		,			: ChSec				21 24	24	•		\	5 11 Totaled	
Please fill out for operator and all occupants involved AgeDOB See See	⁶ 1	Violation	3: ChSec	Violation 4	: ChSec		C		Tow	ed Y		7		6	
Operator See Above Please Select One of the Following: Vehicle # Occupants Non-Motorist A Type II Action II Location II Condition II Hit/Run Moped License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class II II II Restrictions II ODL Veh Year Veh Make Veh Config. Operator Address Address City State Zip City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 22 22 22 22 23 4 10 Undercarriage Violation I: Ch Sec Violation 2: Ch Sec Underride/Override II Toward Direction: N S E W Violation 3: Ch Sec Wiolation 4: Ch Sec Underride/Override II Toward Seater Se				ator and all occupa	nts involved						9 30	31 Trap	32 Injury Tra	33	
Please Select One of the Following: Vehicle			st Middle)				Age/DOB	Sex	Pos. Syster	1 Status Swi	ch Code	Code	status CC	de Medical Facil	lity Z
Some Condition		- F								1 1			10 1		
St DOB/Age Reg # Reg Type Reg State Reg Type Reg State Place Reg Type Reg State Reg Type															
St DOB/Age Reg # Reg Type Reg State Reg Type Reg St															
St DOB/Age Reg # Reg Type Reg State Reg Type Reg St															
Sex Lic. Class	8	l	Vehicle	e# Occupants	Non-Motorist A Type	e E			ation	Conc	ition	17	Hi	t/Run Mor	oed
Sex Lic. Class		License#				Reg#				Reg Ty	Reg Type Reg Si				_]
Operator						Veh Y									
Address	8	Operator	T	Pine		Owne	r			Films			14:131-		_
Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) Event Sequence Vehicle Action Prior to Crash Most Harmful Event 22 22 22 22 22 22 22 22 22 22 22 22 22	1	Address	Last	Flist	Middle					Plist			Middle		_
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 22 23 4 Citation # (If Issued) Most Harmful Event 23 Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override Towed Towed Seat Sect Sect Sect Sect Sect Sect Sect Sec		City State Zip					City State Zip								_
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence Note		Insurance Company					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
Citation # (If Issued)		Vehicle Travel Direction: NSEW Responding to Emergency? Ev					Event Sequence 22 22 22 23 4								
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code		Citation # (If Issued)					Most Harmful Event								riage
Violation 3: ChSec Violation 4: ChSec Underride/Override		24 24 24								o II Tomou					
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility		Violation 3: ChSec Violation 4: ChSec Underride/Override								7					
				operator and all o					26 27 Seat Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap	Injury Tra	ınsp.	
										m Status Sw	tch Cod	te Code	Status C	ode Medical Fac	ılıty
											+				
													\vdash		



Crash Narrative:

(Continued on next page)

On Sunday May 19th 2019 at 03:32, I responded to a single car accident at the intersection of Washington

Street and Park Street. Operator of MV1 stated she was alone in the car and was coming from the Newton Corner

rotary attempting to turn onto Park Street. She stated that she misjudged the right turn and went up onto

the first median knocking down a crosswalk signal pole and the pole with the traffic signal and Park Street

sign. She then went up onto the second median taking down another crosswalk pole and a street sign pole.

Operator of MV1 stated she was fatigued and was not paying attention when the accident occurred. She was

evaluated by Cataldo Medic 1 and signed a patient refusal. David Donahue of Todys Towing removed the vehicle

from the accident scene. Large debris and the poles were placed onto the median and out of traffic. 494 and

myself placed cones over each of the bases of the poles. Dagle and the City of Newton were notified about

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) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

LAUREN MARIE DRAGONE			NEWTON POLICE DEPARTM		05/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	→ Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	□ →	₽ Ŷ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off Court Public	. I
		į			Off-Street Parking	g Lot
		-			Garage	
		<u> </u>			☐ Mall/Shopping Ce	
					☐ Other Private Way	У
					Indicate North by A	rrow
	 	-	 - -	 		
Crash Narrative:						
the damage and for the de	ebris to be pick	ted up in the	morning. A to	otal of 1	2 pictures of the damage wa	as taken
and turned into IT.						
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:						
Carrier Name	Registration #		(From Veh	icle Section)	Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
US DOT #:			•		_	36
37	ross Vehicle Weight	38	155umg 5uute	100	Interstate	
The state of the s		Pag State	Dag V	T	pilor Longth	
Trailer Reg #: Hazmat Information:	Keg 1ype	Keg State	Keg Year	Tra	aner Length	
Placard 40 Material 1 digi	t # 41 Material I	Name		_ Material 4 d	ligit # Release code	42
LAUREN MARIE DRAGONE			NEWI	ON POLICE DEPARTM	05/19/20	010

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)