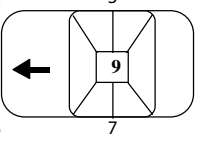
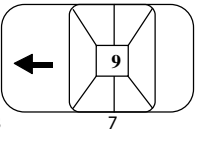


Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/21/2019	Time of Crash 16:36 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
												2 9			
Route# Direction Name of Roadway/Street At				WEST 53 RANGELEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								11 1			
Route# Direction Name of Intersecting Roadway/Street				Landmark											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000518									
License # --- St MA DOB/Age --- CDL --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsment --- Operator THANGTHONG TIPRUTHAI Last First Middle Address 12 BALDWIN ST City NEWTON State MA Zip 02458 Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: N S E X Responding to Emergency? --- Citation # (If Issued) --- Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___ Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___				Reg # 2LVL61 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Last First Middle Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 19 24 13 24 Underride/Override 25 Towed N 								12 7			
Please fill out for operator and all occupants involved												13 3			
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															
METTANANT, MIGHTY 12 BALWIN ST NEWTON, MA 02465															
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 7 15 Location 5 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # --- St --- DOB/Age --- CDL --- Sex F Lic. Class 18 18 Lic. Restrictions 19 Endorsment --- Operator MONGKHONLERTS KELLY Last First Middle Address 53 RANGLEY RD City NEWTON State MA Zip 02465 Insurance Company --- Vehicle Travel Direction: N S E W Responding to Emergency? --- Citation # (If Issued) --- Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___ Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___				Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Last First Middle Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- 								13 3			
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															

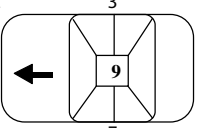
Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash	Time of Crash	City/Town	<h2 style="text-align: center;">Motor Vehicle Crash Police Report</h2>	Number Vehicles	Number Injured	Speed Limit _____	State Police _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	24HR					Latitude _____	Local Police _____		
						Longitude _____	MBTA Police _____		Other: _____

AT INTERSECTION:			<	LOCATION	>	NOT AT INTERSECTION:				
									9	
Route#	Direction	Name of Roadway/Street				Route#	Direction	Address #	Name of Roadway/Street	10
At						_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number				
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street			11	
Also at Intersection with						_____ Feet N S E W of _____ Landmark				
Route#	Direction	Name of Intersecting Roadway/Street								

<input type="checkbox"/> Vehicle #Occupants _____		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____		Reg # _____ Reg Type _____ Reg State _____		12	
Sex _____ Lic. Class <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">18 18</div>		Veh Year _____ Veh Make _____ Veh Config. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">20</div>			
Lic. Restrictions <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">19</div>		CDL _____ Endorsment _____			
Operator _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>		Owner _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>			
Address _____		Address _____			
City _____ State _____ Zip _____		City _____ State _____ Zip _____			
Insurance Company _____		Vehicle Action Prior to Crash <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">21</div>		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">N S E W</div>		Responding to Emergency? _____		<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: right; margin-right: 10px;"> 10 Undercarriage 11 Totaled </div> </div>	
Citation # (If Issued) _____		Event Sequence <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">22 22 22 22</div>			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Most Harmful Event <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">23</div>			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Driver Contributing Code <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">24 24</div>			
Underride/Override <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">25</div>		Towed _____			

[illegible]

Please Select One of the Following:		<input type="checkbox"/> Vehicle # Occupants _____	<input checked="" type="checkbox"/> Non-Motorist A Type _____	<div style="display: flex; justify-content: space-around;"> <div>14 1 _____ Action _____</div> <div>15 7 _____ Location _____</div> <div>16 5 _____ Condition _____</div> <div>17 1 _____</div> </div>
		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <div style="border: 1px solid black; padding: 2px; display: inline-block;">18</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">18</div> Lic. Restrictions <div style="border: 1px solid black; padding: 2px; display: inline-block;">19</div> CDL _____ Operator <u>MONGKHONLERTS KALLA</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div> Address <u>53 RANGELEY RD</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u> Insurance Company _____ Vehicle Travel Direction: <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">E</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">W</div> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <div style="border: 1px solid black; padding: 2px; display: inline-block;">20</div> Owner _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <div style="border: 1px solid black; padding: 2px; display: inline-block;">21</div> Damaged Area Code: (Circle Up to Three) <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> Event Sequence <div style="border: 1px solid black; padding: 2px; display: inline-block;">22</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">22</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">22</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">22</div> Most Harmful Event <div style="border: 1px solid black; padding: 2px; display: inline-block;">23</div> Driver Contributing Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div> Underride/Override <div style="border: 1px solid black; padding: 2px; display: inline-block;">25</div> Towed _____ </div> <div style="text-align: center;">  <p>10 Undercarriage 11 Totaled</p> </div> </div>
--	---

[illegible]

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

51/ 53 RANGELEY RD

RANGELEY RD

Unit 1

NOT TO SCALE

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:

Tipruthai Thangthong stated that on 05/21/2019 at approximately 16:36 hours she was pulling into the driveway of her sisters home at 53 Rangeley Rd while operating her vehicle MA reg 2LVL61 a 2018 Honda Accord. Thangthong stated that her three old son Mighty Mettanant was a passenger in her vehicle. Thangthong stated that she was driving approximately 5 MPH as she drove into the driveway. The driveway runs east to west and Thangthong's vehicle was heading west into the driveway as the sun was in the Western sky creating a glare. Thangthong stated that she did no see anything in the driveway prior to her pulling into it. Thangthong stated that she felt the front of her vehicle strike what she described as " something " and stopped her vehicle. Thangthong stated that she put her vehicle in reverse and then into park and exited her vehicle to see what she had struck. Thangthong stated that she saw her two nieces, Kalla Mongkhonlertsirkul

(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

→ 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:

age three and Kelley Mongkhonlertsirkul age seven laying in the driveway in front of her vehicle. Thangthong stated that she then realized that her vehicle had stuck her two nieces as they were in the driveway. Both of the Mongkhonlertsirkul sisters were conscious and alert and were able to walk to an ambulance for transport to Newton Wellesley Hospital for treatment. Thangthong stated that she and her son were not injured in the crash. I observed no damage to Thangthong's vehicle. I responded to the Newton Wellesley Hospital and spoke with the Mongkhonlertsirkul sisters and their mother Piyada Kellum. Kellum stated that her oldest daughter Kelly is a student at the Franklin Elementary School. Kellum stated that her daughters told her that they were playing in their driveway when their aunt's vehicle entered the driveway and did not stop. I spoke with both of the Mongkhonlertsirkul sisters who told me that they tried to get out of the way of their

(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

→ 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:

aunt's vehicle but could not in time. The Mongkhonlertsirkul sisters stated that they were both struck in the back and fell to the ground between the two front tires of their aunt's vehicle. Kalla Mongkhonlertsirkul had scrapes to her right knuckles. Kelly Mongkhonlertsirkul had lacerations to her lower left arm and the left side of her face near her eye. I spoke with hospital staff who stated that there did not appear to be any broken bones or other internal injuries. I took photos of the crash area and forwarded the disk to the NPD's IT bureau for downloading.

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