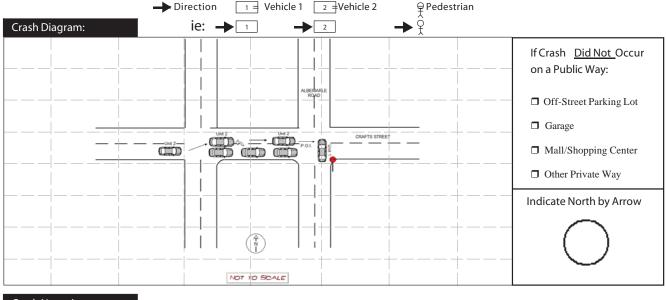
	Poli	ce Use Only		Com	monwea	lth o	of Mass	ach	use	tts			RMV	V Doct	umen	t Number	
	Date of Crash 05/22/2019	Time of Crash 06:53	City/ NEWTON	Town	Motor	Veh	icle Cra	ash			umber	Speed	l Limi		St	ate Police cal Police BTA Police	<u> </u>
	05/22/2019	06:53 24HR	NEWTON		Pol	lice 1	Report		2	(3	1	itude_			BTA Police ther:	ם
		AT INTER	SECTION	•	< I	LOCAT	ΓΙΟΝ	>]	NOT	AT l	INTI	ERSI	ECT	ION:	2 9
	NOR	ΓΗ ALBEM	IARLE RD														2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	ion	Name	of Roadway/Stre	eet		Route# Direct	ion A	ddress	#		Nan	ne of R	Roadwa	ıy/Stre	et	2 10
۲	At EAST CRAFTS ST						Feet NSEW of or								-		
	Route# Direct			ting Roadway/St	treet	— [_]	Mile Ma					kit Number	_
			Also at In	tersection with		·	Feet	N S E	W of		Route#	In	ntersec	ting Ro	oadwa	y/Street	
2 1						-	Feet	N S E	W of							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 11
	Route# Direct	ion	Name of Inter	secting Roadway	y/Street	Landmark											
3	XVehicle1	#Occupants	Hit/Ru	ın Moj	ped Case I	Number		1	190000	0522							1
	License#		St	MA DOB/Age	e	Reg#	9MJ713			R	eg Type	_e PAN	ſ	Re	g State	_e MA	1
	Sex_M Lic. O	Class D 18 18		19	CDL	_	ear 2015									20	
4	Operator ROC		□ MICHAEL	I	Endorsment		(Same as op								Ū		1 12
2	Address 52 PO		First		Middle		SS				irst			Mide	dle		1
	City CARVER			State_MA_Zip	02330										Zin		
		pany COMMER				-	e Action Prior			21					_ ^ -	e Up to Three)	
5		Direction: X		esponding to En	nergency?		Sequence 1		-	22 22	0		3		4		
1		ssued)					Harmful Event	1 2	3				$\downarrow \downarrow$	Λ		10 Undercarriag	ge
	,	1: Ch Sec		on 2: Ch	Sec		Contributing (1 24	1 2	4 (1) •	←	9		5	11 Totaled	
⁶ 1		3: Ch Sec					ride/Override		_	owed Y	0		7		6		
_	Please fill out for operator and all occupants involved						Tac/ 3 verriae				8 29 ag Airbag	30 Eject	31 Trap	32 Injury	33 Fransp.		13
	Name (Last First Operator	st Middle)		- S4	Address ee Above	Age/DOB Sex 10s. System Status Switch Code Code Status Code Wednesd							Medical Facility NONE	1			
	Орегию				- THOOVE					1 4	99	0	0	10	1	TTOTTE	-
												+	-				\dashv
⁷ 2	Please Select O of the Followin		2 <u>1</u> #Occup	ants Non-	Motorist A Typ	e 1	4 Action	15 Loc	cation	16	Conditi	on	17		Hit/Ru	n Mopeo	i
	License#		St_		ge	Reg#	7HJ262			R	eg Type	PAN	ſ	Re	g State	e MA	
	Sex_F_ Lic. 0	Class D 18 18	Lic. Restricti				vear_2019 Veh Make_HONDA					Veh Config. 20					
⁸ 2	Operator SHA	APIRO	LESLIE First	I	Endorsment	Owner MELNICK GERALD W											
_	Address 9 STRATFORD RD. A					Address 9 STRATFORD RD											
	City NEWTON	N	02465	City N	y NEWTON State N					MA Zip 02465							
	Insurance Company NGM INSURANCE Vel					Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)											
	Vehicle Travel Direction: NSWW Responding to Emergency? Even					Event	Event Sequence 1 22 22 22 22 22 4										
Citation # (If Issued) T1442366						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									ge		
	Violation	Driver Contributing Code 3 24 9 24															
	Violatior	_Sec	Underride/Override 25 Towed Y 8 7 6														
		ease fill out for	operator and	all occupants in					26 Seat S	27 2 afety Airb	8 29 ag Airbag	30 Eject	31 Trap		33 Fransp.	W P 15	7
	Name (Last Fir	Non-Motorist	1	S.c.	Address ee Above		Age/DOB	Sex		System Sta				Status	Code	Medical Facility	\dashv
	Operator/1	TOIL MIOTOLISE	1	30	E ADOVE				1	1 4	99	0	0	10	1	NONE	
	Operation/1	ton Wotorist			ee Above					1 4	99	0	0	10	1	NONE	
	Орегию//	Non Motorist			ee Above					1 4	99	0	0	10	1	NONE	



Crash Narrative:

On Wednesday, May 22nd 2019, at approximately 6:53am, I, Officer Brooks, responded to Crafts street at Albemarle road for a report of a 2 car MVA. Upon my arrival I spoke with the operator of MV1 (MA REG 9MJ713), who stated he was traveling northbound on Albemarle road. He stated he stopped at the stop sign at the intersection with Crafts street, and traffic traveling Eastbound on Crafts street stopped to let him cross over Crafts street and continue on Albemarle road. As he proceeded through the stop sign, he was struck on the drivers side front end by MV2 (MA REG 7HJ262), which had crossed over the center line of Crafts street traveling Eastbound, passing the cars which had stopped to let MV1 out. MV1 had damage to the drivers side front quarter panel and front bumper. The operator was not injured.

I then spoke with the operator of MV2 who stated she was traveling Eastbound on Crafts street, and was

(Continued on next page)

<u> </u>								
Witnesses:								
Name (Last, First, Middle)	Address				Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damaged Property		
Truck and Bus Information: Registration #							e 35	
Address			City			St Zip		
US DOT #:		Issuing State ICC #: Interstate						
Cargo Body Type Code 37 Gross Vehicle Weight 38								
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length								
Hazmat Information:								
Placard 40 Material 1 digit #	me		Material 4	digit #	Release code	42		

JOSEPH J BROOKS		38339	NEWTON POLICE DEPARTM		05/22/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	ı ≢ Vehicle 1 2	≥ ≢Vehicle 2	Pedestria	n	
Crash Diagram:	ie: →□	1 - 2	2	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
		-	_ — — — +			
		<u> </u>			☐ Mall/Shopping C	
	ļ				☐ Other Private Wa	у
		+	+		Indicate North by A	Arrow
			_ — — — 🕂			
Crash Narrative:						
attempting to take a left						
the operator is referring	to is actually	a left hand	turn lane fo	r vehicles t	traveling Westbound on C	rafts
street for vehicles who wi	sh to turn ont	o Albemarle r	coad. There i	s no right o	of way in that center lan	e for
vehicles traveling Eastbou						
uninjured. The operator of	MV2 was issue	d a citation	in hand for	89/4A Marked	d lanes violation. She no	tified
AAA for a tow.						
MV1 was towed by Tody's. B	oth operators	were provided	the crash r	eport number	e. 	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1			24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type D	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Cod	35 de
Address			City		St Zip	
			,			36
37		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material N	Name		Material 4 dig	git # Release code	42
JOSEPH J BROOKS		38339) NE	WTON POLICE DEPARTS	05/22/2	019

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature