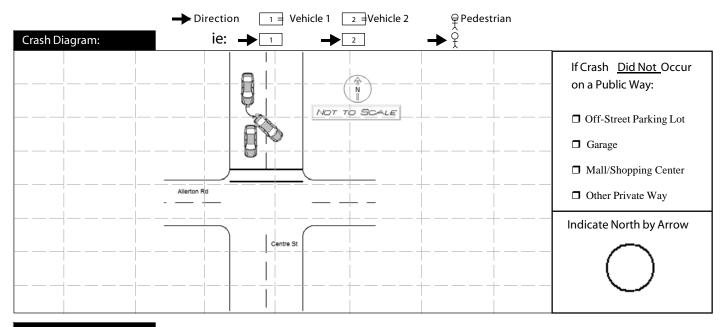
,	Police Use Only			th of Massa					ument Number				
	Date of Crash Time of Crash Crash 05/25/2019 16:34 NEWTON	ity/Town	Motor '	Vehicle Cras	sh Nui			ed Limit <u>25</u> tude	State Police Local Police MBTA Police				
	05/25/2019 16:34 NEWTON 24HR	`	Poli	ce Report	3	0		gitude	MBTA Police Other:				
	AT INTERSECTIO	ON:	< L0	OCATION >	>	N	OT AT	INTERSE	ECTION:				
	WEST ALLERTON RD												
7		me of Roadway/Stre	et	Route# Direction	n Address	#	Na	me of Roadwa	ıy/Street				
4	-	At			الماحات								
	SOUTH CENTRE ST	.: D 1 (C)		Feet N	S E W	f M	ile Marker	or	Exit Number				
ſ		rsecting Roadway/Str at Intersection with	eet	Feet N	S E W	f							
\dashv				Feet N	S E W		ute# I	intersecting Ro	oadway/Street				
	Route# Direction Name of In	ntersecting Roadway	/Street					Landmark					
1	XVehicle 1 2_#Occupants ☐ Hit/	/Run Mop	ned c v		40000								
					190000								
	License #	St MA DOB/Age		Reg# NE64LR		Re	g Type_PAI	N Re	g State MA	<u> </u>			
	Sex_M_ Lic. Class D Lic. Restr	rictions 1	DLndorsment	Veh Year 2016	Veh Mal	ce_SUBA_		Veh C	Config. 1				
٦	Operator BOENISCH MARK Last Firs	J	Middle	Owner Same as operation	ator)	Firs	st	Mide	dle	_			
	Address 31 CARL ST			Address						_			
	City NEWTON	State_MA_Zip	02461	City				_State	_Zip	_			
	Insurance Company GEICO			Vehicle Action Prior to	Crash	2 21	Damage	d Area Code:	(Circle Up to Th	ree)			
	Vehicle Travel Direction: NXEW	Responding to Em	ergency?	Event Sequence 1 2	2 22	22 22	2	3	4				
_	Citation # (If Issued)			Most Harmful Event	23			9	10 Undercar 5 11 Totaled	rriage			
	Violation 1: ChSec Vio	olation 2: Ch	Sec	Driver Contributing Co	de 1 2	4 24			3 11 Totaled				
	Violation 3: ChSec Vio	olation 4: Ch	Sec	Underride/Override	25	Towed N	8	7	0				
-	Please fill out for operator and all	occupants involve			26 Seat	27 28 Safety Airbag	29 30 Airbag Eject	31 32 Trap Injury 1 Code Status	33 Fransp.				
	Name (Last First Middle) Operator	Se	Address e Above	Age/DOB	Sex Pos. S	ystem Status 1 4	Switch Code 4 0		Code Medical Faci	ility			
	PACHECO, LUCIA	33 AUBURN AVI				1 4	4 0		1				
	TACHECO, EUCIA	SOMERVILLE, N	IA 02129		1 3	1 4	4 0	0 10	1				
Ī	Please Select One X Vehicle 2 1 #Occ	cupants Non-I	Motorist A Type	14 Action 15	Location	16	ondition	17	Hit/Run Mo	ped			
_	of the Following:		•••										
	18 18	St MA DOB/Ag		Reg # 822LS7		•	g Type_PAI	N Re	g State MA	_			
	Sex_M_ Lic. Class D Lic. Restr		DL ndorsment	Veh Year <u>2002</u>	Veh Mal	ce_TOYT_		Veh C	Config. 1				
	Operator CHAN TONY Last Firs	st	Middle	Owner CHAN Last		ATRICIA Firs	st	C	dle	_			
	Address 1230 WALNUT ST			Address 1230 WALNU	T ST								
	City NEWTON	State_MAZip	02459	City NEWTON				_State_MA	Zip <u>02461</u>	_			
		Insurance Company_METROPOLITAN PROP					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						
	,	ROP				22 22	2	3	4				
_	,	ROP Responding to En	nergency?	Event Sequence 1				\bigcap)				
	Insurance Company METROPOLITAN PR				2 22 1 23 1 23 1		1 4	9	10 Undercar	rriage			
_	Insurance Company METROPOLITAN PR Vehicle Travel Direction: N X E W	Responding to En		_	1 23	4 24	1	9	(3) 11 Totaled	rriage			
	Insurance Company METROPOLITAN PR Vehicle Travel Direction: N X E W Citation # (If Issued)	Responding to En	_Sec	Most Harmful Event	1 23 de 1 2	4 24 owed _N		9	_	rriage			
	Insurance Company METROPOLITAN PR Vehicle Travel Direction: NXEW Citation # (If Issued) Violation 1: ChSec Vi Violation 3: ChSec Vi Please fill out for operator an	Responding to En		Most Harmful Event Driver Contributing Co Underride/Override	1 23 de 1 2 25 T	owed N 27 28 Safety Airbag	8 29 30 Airbag Eject	7 31 32 Frap Injury I	33 Transp.				
	Insurance Company METROPOLITAN PR Vehicle Travel Direction: NXEW Citation # (If Issued) Violation 1: ChSec Vi Violation 3: ChSec Vi	Responding to En	_Sec	Most Harmful Event Driver Contributing Co	1 23 de 1 2 25 T. Sex Pos.	owed N	8 29 30 Airbag Eject	7 31 32 Trap Injury In Code Status	(S) 11 Totaled				

Date of Crash	Time of Crash	City	//Town	N/I	otom T	ehicle Cra	ach N	lumber	Num	ner Sn	ed Limi	t 25	Sta	Number ate Police	$\overline{\Gamma}$
05/25/2019	16:34	NEWTON	,, 10WII	IVIC			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ehicles	Injur	ed La	titude		Lo- MI	cal Police BTA Police	X
	24HR	GEGEVON	. T			e Report		3	0		ngitude_			her:	
	AT INTER	SECTION	N:	<	LO	CATION	>		NC	T A'I	INT	ERSE	ECTI	ON:	_
Route# Direc	etion	Name		way/Street		Route# Direct	ion Addr	ess#		N	ame of R	Roadwa	y/Stree	et	_
			At			Feet	N S E W	of -			•	or			_
Route# Direc	ction N	Name of Interse	ecting Road	dway/Street					Mile	Marker			Ex	it Number	_
		Also at I	ntersection	n with		Feet	N S E W	of	Rout	e#	Intersec	ting Ro	oadway	/Street	-
						Feet [N S E W	of				Ü	·		
Route# Direc	etion	Name of Inte	ersecting R	Roadway/Street							Lar	ndmark			_
XVehicle3	1_#Occupants	Hit/R	un	Moped	Case Nun	nber	1900	0000536							
License #	,	St	MA	OB/Age	R	eg#CIL615			Reg T	Type_PA	N	Re	g State		_
Sex_F Lic.	Class D 18 18	Lic. Restric	ctions 1			eh Year_2016	Veh N	lake_Al	UDI			Veh C	Config.	1 20	
Operator BRI	IGHTMANDOW	N GAIL		Endorsm		owner (Same as ope	erator)		First			Mide	dla		_
Address 80 KI	Last	First		Middle		ddress						Mide	uie		_
City S EASTO	ON		_State_MA	A Zip 02375	C	City					State		_Zip_		_
Insurance Com	npany SAFETY IN	NSURANCE			V	ehicle Action Prior	to Crash	1 2	1	Damag	ed Area	Code:	(Circle	Up to Thr	:e)
Vehicle Travel	Direction: N	X E W R	Responding	g to Emergency	·? E	vent Sequence 1	22 22	22	22		3		4		
	[ssued]				N	fost Harmful Event	23				9			0 Undercarr	ag
Violation													101	1 Totaled	
v ioittion	1: ChSec	: Violat	tion 2: Ch	Sec	D	Priver Contributing (Code 5	24	24						
	1: ChSec_ 13: ChSec_					C	Code 5		ш,	3	7		6		
Violation		: Violat	tion 4: Ch	Sec		Oriver Contributing Conderride/Override	25	Towe	d N		7 30 31	32 Jaiury 1	6		
Violation Please Name (Last Fin	3: ChSec_	: Violat	tion 4: Ch	nSec involved Address	U	C	25 Sex Sea Pos.	Tower 6 27 t Safety System	d N 28 Airbag A Status Sv	29 3 rbag Eje vitch Coo	de Code	\$tatus	6 33 Fransp. Code	Medical Facili	t <u>y</u>
Violation	3: ChSec_	: Violat	tion 4: Ch	Sec involved	U	Inderride/Override Age/DOB	25 Sex Sear Pos.	Tower	d N 28 Airbag A Status Sv	29 3 rbag Eje	7 30 31 ct Trap de Code 0	Status	6 33 Transp.	Medical Facili	ty_
Violation Please Name (Last Fin	3: ChSec_	: Violat	tion 4: Ch	nSec involved Address	U	Inderride/Override Age/DOB	25 Sex Sea Pos.	Tower 6 27 t Safety System	d N 28 Airbag A Status Sv	29 3 rbag Eje vitch Coo		Status	6 33 Fransp. Code	Medical Facili	iy
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Crash Narrative:

Operator of MV1 stated he was traveling southbound on Centre Street and came to a stop to allow three pedestrians and a dog to cross at the crosswalk at Allerton Rd. Operator of MV2 stated he observed MV1 stopping to allow people to cross and he came to a complete stop as well. Operator of MV3 stated she did not see MV2 stopped and did not see his brake lights on. MV1 said that when the pedestrians were about three quarters of the way crossed, he heard a loud crashed and saw MV2 swerve into the on coming traffic lane. MV2 made slight contact with the rear of MV1 causing scratches to the rear left bumper. MV2 said MV3 struck him from behind causing him to push forward. He swerved into the on coming lane to avoid hitting MV1. He continued to turn to the left in order to avoid the pedestrians that were still crossing. No contact was made with them. Newton Fire Engine 3 and Cataldo PB3 responded. MV2 was towed by David Donahue from Todys Towing.

(Continued on next page)

Witnesses:					
Name (Last, First, Middle)	Ac	ddress		Phone #	Statement
DENTON , ALEXANDER,	N	73 COMMONWEALTH AVE EWTON,MA 02467		N	
DENTON , BARBARA,		73 COMMONWEALTH AVE HESTNUT HILL,MA 02467			N
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Prope	erty
Truck and Bus Information	Registration #	(From Vehi	<i>'</i>	Carrier Issuing Author	ority Code 35
Address		City		St Z	
US DOT #:	State Number	Issuing State	ICC #:	Interst	rate 36
Cargo Body Type Code 37	Gross Vehicle Weight 38			39	
Trailer Reg #:	Reg Type	Reg State Reg Year	Trai	ler Length	
Hazmat Information:					
Placard 40 Material 1	digit # 41 Material Name	<u> </u>	Material 4 di	git# Release	code 42

Crash Diagram:		ı ≡ Vehicle 1	2 =Vehicle 2	₽ Pedestriar	1	
Crash Narrative:	ie: →				If Crash Did Not on a Public Way: Off-Street Parki Garage Mall/Shopping of Other Private W Indicate North by	ng Lot Center ay Arrow
refusal. MV3 was towed	l by Bobby Donahue	from Todys T	owing. It sus	stained heavy	ldo PB3 and signed a pa	t air baç
		gine block.	Operator of N	MV3 was evalu	ated and transported to	NWH by
PB3 for minor injuries	•					
-	to a complete sto	p. MV3 struc			ed to allow them to cro	
Witnesses:		Address			Phone #	Statemen
Name (Last, First, Middle)			ONWEALTH AV	E	Phone #	Statemen
_				E	Phone #	
Name (Last, First, Middle) DENTON , LILY,		373 COMMO		Ë	Phone #	
Name (Last, First, Middle)	Address	373 COMMO			Phone # escription of Damaged Property	
Name (Last, First, Middle) DENTON , LILY, Property Damage:	Address	373 COMMO	A 02465			
Name (Last, First, Middle) DENTON , LILY, Property Damage:	Address	373 COMMO	A 02465			
Name (Last, First, Middle) DENTON , LILY, Property Damage:		373 COMMC NEWTON,M	Phone #	34-Type De		
Name (Last, First, Middle) DENTON , LILY, Property Damage: Owner (Last, First, Middle)	Registration #	373 COMMO	Phone #	34-Type Do		N N
Name (Last, First, Middle) DENTON , LILY, Property Damage: Owner (Last, First, Middle) Truck and Bus Information	Registration #	373 COMMC NEWTON,M	Phone #	34-Type De	escription of Damaged Property Carrier Issuing Authority Co	N N
Name (Last, First, Middle) DENTON , LILY, Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address_	: Registration #	373 COMMC NEWTON,M	Phone #(From V	34-Type De	escription of Damaged Property Carrier Issuing Authority Co	N N
Name (Last, First, Middle) DENTON , LILY, Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Cargo Body Type Code 37	Registration # State Number Gross Vehicle Weight	373 COMMC NEWTON,M	Phone #	34-Type Do Vehicle Section) ICC #:	Carrier Issuing Authority Co	N N
Name (Last, First, Middle) DENTON , LILY, Property Damage: Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registration # State Number Gross Vehicle Weight	373 COMMC NEWTON,M	Phone #	34-Type Do Vehicle Section) ICC #:	Carrier Issuing Authority Co	N N

LAUREN MARIE DRAGONE

NEWTON POLICE DEPARTS

05/25/2019