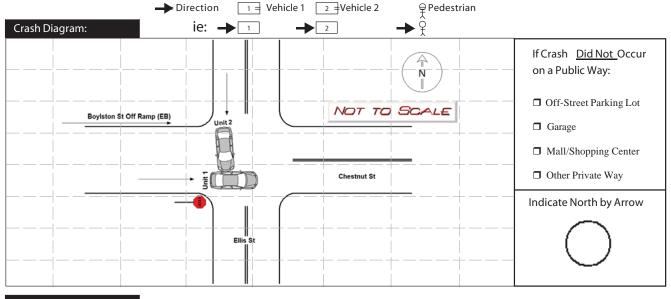
| | Poli | ce Use Only | | Comm | nonwealt | th o | of Massa | chus | etts | | | RM | V Docui | ment Number | r |
|-----------------------|---|----------------------------|---------------------|-------------------|---------------------------|--|---|--|-------------------|-------------------------------|-------------------|-------------------------|------------------|---|------------|
| | Date of Crash 05/26/2019 | Time of Crash | City/ NEWTON | Γown | Motor \ | Vehi | icle Cra | $\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$ | lumber ehicles | Numb Injure | _ ^ | ed Lim | | State Police Local Police MBTA Police | e X |
| | 05/26/2019 | 11:58 24HR | | | Poli | ce I | Report | | 2 | 0 | | itude _ igitude | | MBTA Polic Other: | ce 🔲 |
| | | AT INTER | RSECTION | : | < L(| OCAT | FION > | > | | NO | T AT | INT | ERSE | CTION: | 2 |
| | EAST | BOYLS | TON ST | | | | | | | | | | | | 2 |
| 1 | Route# Direct | tion | Name | of Roadway/Street | : | | Route# Direction | n Addr | ess# | | Na | me of I | Roadway | /Street | 2 |
| _ | SOU | TH ELLIS S | ST | At | | Feet NSEW of or | | | | | | | 4 | | |
| | Route# Direc | | | ting Roadway/Stre | et | -[| | | , | | Marker | | | Exit Number | r |
| | | | Also at In | tersection with | | _ - | Feet N | SEW | of | Route | # | Intersec | ting Roa | dway/Street | _ |
| 2 1 | | | | | | _ - | Feet N | SEW | of | | | | | | 3 |
| | Route# Direct | tion | Name of Inter | secting Roadway/S | Street | Landmark | | | | | | | | | |
| 3 | XVehicle1 | #Occupants | Hit/Ru | n Mope | ed Case Nu | ımber | | 1900 | 000537 | | | | | | |
| | License# | | St ¹ | MA DOB/Age | | Reg#6 | 695ZV2 | | | Reg T | vpe PA | N | Reg | State_MA | |
| | Sex_F Lic. 0 | Class D 18 1 | | 19 | | _ | ear_2004 | | | | | | | 20 | 0 |
| 4 | Operator RIE | | CHRISTIA | NA G End | dorsment | | | | | | | | | | $ 1^{1}$ |
| 2 | Address 302 L | Last INDEN STREET | First | | | | 93 CROMWE | LL AVEN | IUE | First | | | Middle | | _ 1 |
| | City PITTSFII | | | State MA Zin 0 | | | | | | | | | | | |
| | CONTRACTO | | | | | Vahiola Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | 'hree) |
| 5 | 1 | Direction: N | | esponding to Emer | | | Sequence 1 2 | 2 22 | 22 | 22 2 | | 3 | | 4 | |
| 1 | | ssued) T1444908 | | | | | _ | 1 23 | | | (. | | Α` | 10 Underca | ~ |
| | | | | on 2: ChSe | | | Contributing Co | | 24 | 24 | + | 9 | 1 | 5 11 Totaled | 1 |
| ⁶ 1 | 1 | | | on 4: ChSe | | | ride/Override | 25 | Towed | | | (|) | 6 | |
| | Please fill out for operator and all occupants involved | | | | | | | 2 Seat | | 28 Airbag Air | 29 30 bag Ejec | 0 31 | 32 Injury Tra | 33 ansp. | 1 |
| | Name (Last Fire | st Middle) | | | Address Above | | Age/DOB | Sex Pos. | | Status Sw | itch Cod | e Code | \$tatus Co | ode Medical Fa | cility 1 |
| | o p a a mare | | | | | | | | 1 | 7 | , 0 | | 10 1 | • | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 | Please Select C of the Followi | I X Vehicle | 22 <u>1</u> #Occupa | ants Non-Mo | otorist A Type | 14 | Action 15 Lo | | Location 1 | | Condition | | 17 Hit/l | it/Run Mo | oped |
| | License#St MA DOB/Age | | | | | Reg # 9CA449 Reg Type PAN Reg State M | | | | | State MA | _ | | | |
| | Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL | | | | | Veh Ye | Veh Year 2015 Veh Make SUBARU Veh Config. 20 | | | | | | | <u>'</u>] | |
| ⁸ 2 | Operator SWEENEY SUSAN Last First Middle | | | | | Owner (Same as operator) Last First Middle | | | | | | | | | |
| _ | 10 CHANDI ED DI | | | | | Address | | | | | | | | | |
| | City NEWTON State MA Zip 02464 | | | | | City State Zip | | | | | | | | | |
| | Insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) | | | | | | | | 'hree) | |
| | Vehicle Travel Direction: NXEW Responding to Emergency? Eve | | | | | Event Sequence 1 22 22 22 22 3 4 | | | | | | | | | |
| | Citation # (If Is | Citation # (If Issued) Mos | | | | | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled | | | | | | | ~ | |
| | Violation 1: ChSec Violation 2: ChSec Drive | | | | | | Driver Contributing Code 1 24 24 | | | | | | | | |
| | Violation 3: ChSec Violation 4: ChSec U | | | | | | Underride/Override 25 Towed N 8 7 6 | | | | | | | | |
| | Violation | n 3: ChSe | ec Viola | uon 4. Cn | | | | | | | | | | | ı |
| | Ple | ease fill out for | | all occupants inv | | | A or /DOD | Seat Poor | Safety | 28 Airbag Air | 29 30 bag Ejec |) 31 t Trap | | 33 ansp. | lacility |
| | Plo Name (Last Fi | ease fill out for | | all occupants inv | olved Address Above | | Age/DOB | Sex Po | s. System | 28 Airbag Air Status Sv | vitch Co | O 31 Trap de Code | Injury I'r | ansp. Code Medical F | acility |
| | Plo Name (Last Fi | ease fill out for | | all occupants inv | Address | | | Sex Pos | s. System | Status Sv | vitch Co | de Code | Status C | ansp. Code Medical F | acility |
| | Plo Name (Last Fi | ease fill out for | | all occupants inv | Address | | | Sex Pos | s. System | Status Sv | vitch Co | de Code | Status C | ansp. Code Medical F | acility |



Crash Narrative:

(Continued on next page)

Operator of M/V # 1 was operating straight ahead exiting the Boylston Street (EB) off ramp at Ellis

Street. The operator states that she never saw the stop sign at the end of the off ramp and proceeded

through the intersection when she was struck by M/V # 2 on her driver's side rear door. M/V # 1 sustained

moderate damage to the door but the vehicle was still driveable. Operator was issued MA Uniform Citation #

T1444908 for Ch. 89/S9 Stop Sign Violation. Below the stop sign there is also a sign that states that
oncoming traffic does not stop.

Operator of M/V # 2 was operating straight ahead through the above listed intersection attempting to go southbound on to Ellis Street when M/V # 1 suddenly came through the intersection. The operator could not avoid M/V # 1 striking it on the driver's side rear door. The vehicle sustained moderate damage to the right

| Witnesses: | | | | | | | |
|--|------------------|-----------|-----------------|------------|----------|-------------------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descr | iption of Damaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: Carrier Name | | | (From Vehic | , | | Carrier Issuing Authority Cod | 35 le |
| Address | | | City | | | St Zip | |
| US DOT #:S | State Number | | _ Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | 39 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Le | ength 59 | |
| Hazmat Information: | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nat | me | | Material 4 | digit# | Release code | 42 |

| JEREMY L WILSON | | 25227 | NEWTON POLICE DEPARTM | | 05/26/2019 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

| | Direction 1 | ■ Vehicle 1 2 | =Vehicle 2 | ₽Pedestria | an | |
|-------------------------------------|----------------------|---------------|---------------|----------------------|---|-----------|
| Crash Diagram: | ie: → 1 | 2 | ! | →Ŷ | | |
| | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur |
| | | | | | 5 000 0 | |
| | | | | | Off-Street Parkin | ig Lot |
| | | | | | | |
| | | | | | ☐ Mall/Shopping C | Center |
| | | | | | ☐ Other Private Wa | ıy |
| | | | | + | Indicate North by | Arrow |
| | | | | + | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Crash Narrative: | | | | | | |
| | | | | erator had h | er dog, Coconut, in the m | cear of |
| the vehicle at the time I | out the dog appea | ared to be fi | ne. | | | |
| No injuries reported by o | either operators | • | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type [| Description of Damaged Property | |
| 2 (_2224,4,2222, | 11001100 | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From | Vehicle Section) | | 25 |
| Carrier Name | | | | | Carrier Issuing Authority Co | ode 35 |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 |
| 37 | bross Vehicle Weight | 38 | _ 0 _ | | | |
| | | | | | | |
| Trailer Reg #: Hazmat Information: | Reg Type | Reg State | Reg Yea | r Trai | Ier Length | |
| 40 | 41 | | | | <u>.</u> | 42 |
| Placard Material 1 dig | nt # Material N | ame | | Material 4 di | git # Release code | |
| | | | | | | |
| JEREMY L WILSON | | 25227 | | EWTON POLICE DEPARTA | 05/26/ | |
| Police Officer Name (Please Print) | Signature | | ID/Badge # | Department | Precinct/Barracks Day | te |