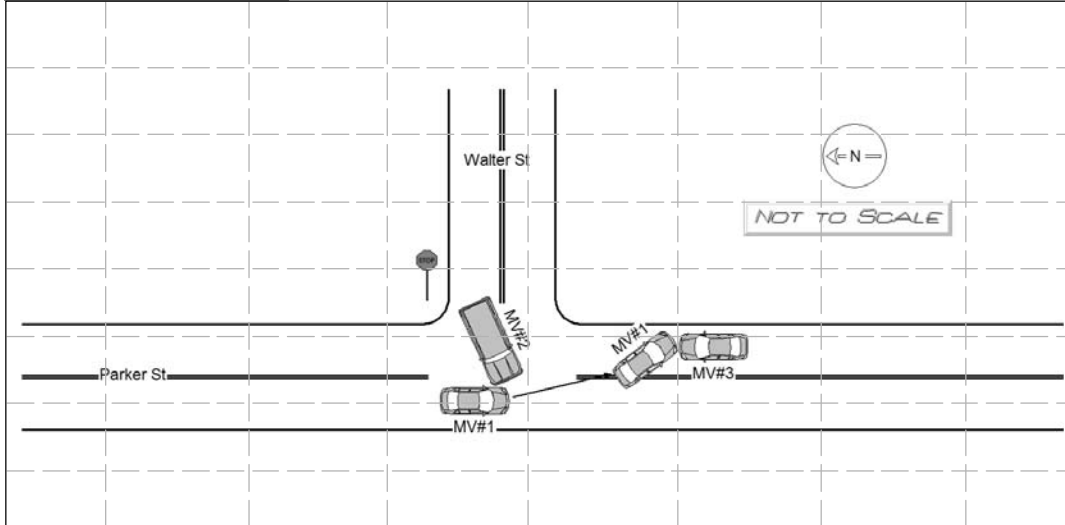


| | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|-------------------------------|----------------------------------|--|--|--|------------------------|--|---|----------------------|--|---------------------|--|---|--|---|--|---|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | |
| Date of Crash 06/02/2019 | | Time of Crash 21:58 | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | | | | Number Vehicles 3 | | Number Injured 2 | | Speed Limit 25 Latitude Longitude | | State Police Local Police MBTA Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | |
| SOUTH PARKER ST | | | | | | | | | | | | | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | | | | |
| At | | | | | | | | | | | | | | | | | | | | |
| WEST WALTER ST | | | | | | Feet N S E W of or Mile Marker Exit Number | | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | | | | |
| Also at Intersection with | | | | | | Landmark | | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 1900000568 | | | | | | | | | | | | |
| License # --- St MA DOB/Age --- | | | | | | | | | | Reg # 1FK458 Reg Type PAN Reg State MA | | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | | | | | | | | | Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20 | | | | | | | | | | |
| Operator KATAMBA MARY Last First Middle | | | | | | | | | | Owner (Same as operator) Last First Middle | | | | | | | | | | |
| Address 3 JOHN J BRADY DR (apt. 8G) | | | | | | | | | | Address | | | | | | | | | | |
| City FRAMINGHAM State MA Zip 01702 | | | | | | | | | | City State Zip | | | | | | | | | | |
| Insurance Company INTEGON NATIONAL | | | | | | | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? | | | | | | | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | | |
| Citation # (If Issued) | | | | | | | | | | Most Harmful Event 1 23 10 Undercarriage | | | | | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | | | | | | | | Driver Contributing Code 1 24 24 11 Totaled | | | | | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | | | | | | | | Underride/Override 25 Towed Y 6 | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | 13 | | | | | | | | | | |
| 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 | | | | | | | | | | 1 | | | | | | | | | | |
| Operator See Above | | | | | | | | | | MEWTON WELLESLEY | | | | | | | | | | |
| NAKIBERIU, SUSAN 131 STATE ST FRAMINGHAM, MA 01702 | | | | | | | | | | NEWTON WELLESLEY | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | | | | | | | | | <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | |
| License # --- St MA DOB/Age --- | | | | | | | | | | Reg # 6FY222 Reg Type PAN Reg State MA | | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | | | | | | | | | Veh Year 2004 Veh Make TOYOTA Veh Config. 2 20 | | | | | | | | | | |
| Operator MAREGNI LUCAS A Last First Middle | | | | | | | | | | Owner SAIA JOHN V Last First Middle | | | | | | | | | | |
| Address 218 MAPLE ST | | | | | | | | | | Address 218 MAPLE ST | | | | | | | | | | |
| City W ROXBURY State MA Zip 02132 | | | | | | | | | | City W. ROXBURY State MA Zip 02132 | | | | | | | | | | |
| Insurance Company COMMERCE | | | | | | | | | | Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? | | | | | | | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | | |
| Citation # (If Issued) | | | | | | | | | | Most Harmful Event 1 23 10 Undercarriage | | | | | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | | | | | | | | Driver Contributing Code 19 24 24 11 Totaled | | | | | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | | | | | | | | Underride/Override 25 Towed Y 8 | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | 13 | | | | | | | | | | |
| 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 | | | | | | | | | | 1 | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | | | | | | | | NEWTON WELLESLEY | | | | | | | | | | |
| SYSSUEV, ALEKSANDRA 107 HARTMAN RD NEWTON, MA 02459 | | | | | | | | | | NEWTON WELLESLEY | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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|---|--------------------------------|--|--|--|---|
| Police Use Only | | Commonwealth of Massachusetts | | RMV Document Number | |
| Date of Crash 06/02/2019 | Time of Crash 21:58 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 3 |
| | | | | Number Injured 2 | Speed Limit 25 Latitude Longitude |
| | | | | | State Police Local Police MBTA Police Other: |
| AT INTERSECTION: | | < LOCATION > | | NOT AT INTERSECTION: | |
| Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | |
| | | | Landmark | | |
| <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants | | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 1900000568 | |
| License # --- St MA DOB/Age --- | | Reg # 9CJ649 Reg Type PAN Reg State MA | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20 | | | |
| Operator MARKS ALEXANDER | | Owner TOYOTA FINANCIAL | | | |
| Address 396 LANGLEY RD (apt. 7) | | Address BOX 105386 | | | |
| City NEWTON State MA Zip 02458 | | City ATLANTA State GA Zip 30348 | | | |
| Insurance Company CITIZENS | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: X S E W Responding to Emergency? | | Event Sequence 1 22 22 22 22 | | 2 3 4 | |
| Citation # (If Issued) | | Most Harmful Event 1 23 | | 10 Undercarriage | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Driver Contributing Code 1 24 24 | | 5 11 Totaled | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | Underride/Override 25 Towed N | | 8 7 6 | |
| 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 See Above | | ----- | | 99 4 99 0 0 10 1 | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please Select One of the Following: | | <input type="checkbox"/> Vehicle #Occupants | | <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | |
| <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | | |
| License # --- St DOB/Age --- | | Reg # --- Reg Type --- Reg State --- | | | |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL | | Veh Year --- Veh Make --- Veh Config. 20 | | | |
| Operator --- | | Owner --- | | | |
| Address --- | | Address --- | | | |
| City --- State --- Zip --- | | City --- State --- Zip --- | | | |
| Insurance Company --- | | Vehicle Action Prior to Crash 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | Event Sequence 22 22 22 22 | | 2 3 4 | |
| Citation # (If Issued) | | Most Harmful Event 23 | | 10 Undercarriage | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Driver Contributing Code 24 24 | | 5 11 Totaled | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | Underride/Override 25 Towed --- | | 8 7 6 | |
| 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 | | ----- | | 99 4 99 0 0 10 1 | |
| | | | | | |
| | | | | | |
| | | | | | |

→ 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:

MV#1 was traveling south on Parker St. MV#2 was turning off of Walter St, to the southbound side of Parker St. MV#3 was traveling north on Parker St.

Operator of MV#1 stated that while she was traveling south on Parker St, she observed MV#2 exiting Walter St, and turning into her lane. Operator of MV#1 stated that she was not able to stop in time and crashed into MV#1. Operator of MV#1 stated that he momentum then carried her into crashing into MV#3.

Operator of MV#2 stated that as he was exiting Walter St, he believed that it was clear. Operator of MV#2 stated that he did not see MV#1 until it was to late, and crashed into MV#1.

Operator of MV#3 stated that he observed MV#2 exit Walter St. He stated that it appeared that MV#2 did not stop and wait for a clear opening before turning onto Parker St, and crashed into MV#1. Operator of MV#3

(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

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:

stated that after MV#2 crashed into MV#1, MV#1 then crashed into him, causing minor damage to his bumper.

MV#1 was towed off scene by Todys.

MV#2 was towed off scene by AAA.

MV#3 was driven off scene.

Both operator of passenger of MV#1 were transported to NWH by medics for minor injuries.

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 _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ 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 # 41 Material Name _____ Material 4 digit # _____ Release code 42