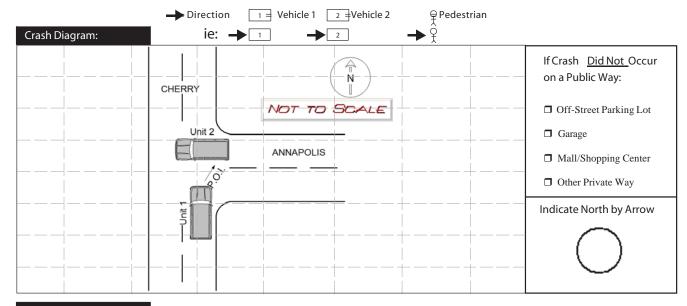
|   | Poli   | ice Use Only  |  | Comn             | nonwea                      | lth (   | of Mass   | ach        | use        | tts                      |                                     |                    | RMV           | / Docui      | ment Number                                 |          |   |
|---|--|---|--|------------------|-----------------------------|---|---|------------|------------|--------------------------|-------------------------------------|--------------------|---------------|--------------|---|----------|---|
|   | Date of Crash<br>06/08/2019  | Time of Crash<br>21:27                                  | City/<br>NEWTON  | Γown             |                             |   | icle Cra  | sh         |            | mber                     | Number<br>Injured                   | Latit              | d Limi<br>ude |              | State Police<br>Local Police<br>MBTA Police | <b>∑</b> |   |
|   |  | 24HR  | ~_ ~_  |                  |                             |   | Report  |            | 2          |                          | 0                                   |                    | gitude_       |              | Other:                                      |          |   |
|   |  | AT INTER  | RSECTION   |                  | < I                         | LOCA'   | TION  | >          |            |                          | NOT                                 | AT.                | INTE          | ERSE         | CTION:                                      |          | 2 |
|   | WES  | T ANNAI   | POLIS RD   |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          | _ |
| 1<br><b>4</b>   | Route# Direc   | tion  | Name   | of Roadway/Stree | et                          |   | Route# Directi  | on A       | ddress     | #                        |                                     | Nar                | ne of R       | oadway       | /Street                                     |          | 2 |
|   | At<br>NORTH CHERRY ST  |   |  |                  |                             |   | Feet N S E W of   |            |            |                          | • or                                |                    |               |              |   | _        |   |
|   | Route# Direc   |   |  | ting Roadway/Str | reet                        |   |   |            |            |                          | Mile M                              | arker              |               |              | Exit Number                                 | -        |   |
|   |  |   |  | tersection with  |                             |   | Feet  | N S E      | <b>W</b> 0 | f .                      | Route#                              |                    | ntersec       | ting Ros     | dway/Street                                 |          | L |
| 2<br>1  | 1  |   |  |                  |                             | Route# Intersecting Roadway/Street  Feet N S E W of   |   |            |            |                          |                                     |                    |               | 3            |   |          |   |
| 1   | Route# Direction Name of Intersecting Roadway/Street                                     |   |  |                  |                             | Landmark  |   |            |            |                          |                                     |                    |               |              |   |          |   |
| 3 XVehicle 1 1_#Occupants   |  |   |  |                  |                             | r 1900000593  |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   | License#   |   | St _ <sup>1</sup>  | MA DOB/Age       |                             | Reg#  | 7ZS156  |            |            |                          | Reg Tyr                             | e PAN              | J             | Reg          | State MA                                    |          |   |
|   | Sex_M Lic.   | 18 13   | 8  | 19               | DL                          | _   | Reg # 7ZS156         Reg Type PAN         Reg State MA           Veh Year 2005         Veh Make HYUNDAI         Veh Config. 2 |            |            |                          |                                     |                    |               |              |   |          |   |
| 4   |  |   | Lic. Restricti MICHAEL   | 0113             | ndorsment                   |   |   |            |            |                          |                                     |                    | M             |              | onlig                                       |          |   |
| 4<br><b>1</b>   | Operator DU  | Last<br>CHERRY ST                                       | First  |                  | Middle                      | Owner   | r FORSTER  183 CHERRY   | st<br>Y ST | LF         | LUNIE                    | First                               |                    | 171           | Middle       | e   | _        | 1 |
|   | Address 183 CHERRY S1  |   |  |                  |                             | Address 183 CHERRY ST   |   |            |            |                          |                                     |                    |               |              |   |          |   |
| City NEWTON State MA Zip 02465  |  |   |  | 02465            | 71 D 14 C 1 (C' 1 II ( TI ) |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
| 5   | 1  | npany GOVT EM   |  |                  |                             | Vehicl  | le Action Prior to  |            |            | 1 21                     |                                     | amageo             |               | Code: (      | •   | nree)    |   |
| 5   | Vehicle Travel   | Direction:  | S E W Re   | esponding to Eme | ergency?                    | Event   | Sequence 1  |            |            | 22                       | 22 2                                |                    | 3             |              | 4   |          |   |
|   | Citation # (If I   | ssued)  |  |                  |                             | Most 1  | Harmful Event   | 1          | 3          |                          |                                     | ←                  | 9             |              | 10 Underca<br>5 11 Totaled                  | _        |   |
| _   | Violation  | 1: ChSec  | Violati  | on 2: ChS        | Sec                         | Driver  | Contributing C  |            | 1 24       | 4                        | 24                                  |                    | $\Box$        | $\sum$       | ) _   |          |   |
| 1 Violation 3: ChSec Violation 4: ChSec 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 Post Status Switch Code Code Medical Facility  Age/DOB Sex Post System Status Switch Code Code Status Code Medical Facility |   |            |            |                          |                                     |                    |               | 1            |   |          |   |
|   | Operator   | or made)  |  | See              | e Above                     |   |   |            |            | 1 4                      |                                     | 0                  | 0             | 10 1         | NIONII                                      |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
| -   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
| 3   | Please Select C<br>of the Followi  |   | 2 <u>1</u> #Occupa   | ants Non-A       | Motorist A Type             | e 1   | Action Action   | Loc        | cation     | 10                       | Condi                               | tion               | 17            | Пн           | it/Run Mo                                   | ped      |   |
|   | License#St MA_ DOB/Age   |   |  |                  | e                           | Reg # RS187T  |   |            |            | Reg Type PAN             |                                     |                    | 1             | Reg State_MA |   |          |   |
|   | Say M. Lie Class D. Lie Restrictions 19  |   |  |                  | יDI                         | Veh Year 2015 Veh Make TOYOTA Veh Config. 2   |   |            |            |                          |                                     |                    | ]             |              |   |          |   |
| 8   | Operator SVEDLOFF GEORGE V Endorsment  |   |  |                  | ndorsment                   | Owner (Same as operator)  |   |            |            |                          |                                     |                    |               |              |   |          |   |
| 2   |  | Last First Middle                                       |  |                  |                             |   | Last First Middle   |            |            |                          |                                     |                    |               |              |   |          |   |
|   | City NEWTON State MA Zip 02466   |   |  |                  | 02466                       | Address   |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   | I  |   |  |                  | 02400                       | City State Zip Damaged Area Code: (Circle Up to Three)  |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   | Insurance Company PLYMOUTH ROCK  |   |  |                  |                             |   | le Action Prior t   |            | 22 :       | 6                        | 22 2                                | umagel             | 1 Alea        | couc. (      | 4   | ()       |   |
|   |  | Vehicle Travel Direction: NSEN Responding to Emergency? |  |                  |                             |   | Sequence 1  |            |            |                          | <u> </u>                            |                    | Ť             |              | 10 Underca                                  | arriage  |   |
|   | Citation # (If Issued) T1442371  |   |  |                  |                             | Most Harmful Event 1 9 5 11 Totaled   |   |            |            |                          |                                     |                    |               | _            |   |          |   |
|   | Violation 1: Ch_89/8 _Sec Violation 2: ChSec   |   |  |                  |                             |   | Driver Contributing Code 19   |            |            |                          |                                     |                    |               |              |   |          |   |
|   |  |   | SecViolation 4: ChSec<br>l out for operator and all occupants involved |                  |                             | Underride/Override Towed 1  |   |            |            | 1                        |                                     |                    |               |              |   |          |   |
|   | Pl<br>Name (Last Fi  |   | operator and a   | all occupants in | volved<br>Address           |   | Age/DOB   | Sex        | Seat Pos.  | 27<br>Safety A<br>System | 28 29<br>irbag Airba<br>Status Swit | g Eject<br>ch Code | Trap<br>Code  |              | ansp. Code Medical Fa                       | acility  |   |
|   |  | Non-Motorist  |  | See              | e Above                     |   |   |            |            | 1 4                      |                                     | 0                  | 0             | 10 1         |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            | _                        |                                     |                    |               |              |   |          |   |
|   |  |   |  |                  |                             |   |   |            |            |                          |                                     |                    |               |              |   |          | ĺ |



## Crash Narrative:

On Saturday, June 8th 2019, at approximately 9:27pm, I, Officer Brooks, responded to the intersection of Cherry street and Annapolis street, for a two car MVA. Upon arrival I spoke with the operator of MV1(MA REG 7ZS156), who stated he was traveling northbound on Cherry street, when MV2 (MA REG RS187T) pulled straight out of Annapolis street in front of him. The operator of MV1 was not able to stop in time, and struck the rear driver's side quarter panel of MV2. MV1 had minor damage to the front end.

I spoke with the operator of MV2 who stated he did not see a stop sign on Annapolis street at Cherry street so he proceeded out onto Cherry street. MV2 had damage to the driver's side rear quarter panel.

There were no injuries as a result of the accident. MV2 was towed from the scene by Tody's. The operator of MV2 was issued a citation for MGL 89/8 failure to yield. MV1 was turned over to the registered owner.

| Witnesses:   |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
|--|---------------------|-----------|---------------|------------|--------------|--------------|-------------------|----|--|--|--|--|--|
| Name (Last, First, Middle)   | Address             |           |               | Phone #    | Statement    |              |                   |    |  |  |  |  |  |
|  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
|  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
| Property Damage:   |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
| Owner (Last, First, Middle)  | Phone # 34-Type Des |           |               |            | on of Damag  |              |                   |    |  |  |  |  |  |
|  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
|  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
| Truck and Bus Information: Registration #(From Vehicle Section) 35 |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
| Carrier Name   |                     |           |               |            |              | Carrier Issu | ing Authority Cod |    |  |  |  |  |  |
| Address  |                     |           | City          |            |              | St           | Zip               |    |  |  |  |  |  |
| US DOT #:  | State Number        |           | Issuing State | ICC #:_    |              |              | Interstate        | 36 |  |  |  |  |  |
| Cargo Body Type Code Gross   | s Vehicle Weight    | 38        |               |            |              | 39           |                   |    |  |  |  |  |  |
| Trailer Reg #:   | Reg Type            | Reg State | Reg Year      | Tr         | ailer Lengtl |              |                   |    |  |  |  |  |  |
| Hazmat Information:  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |
| Placard 40 Material 1 digit #                                      | 41 Material Na      | me        |               | Material 4 | digit#       |              | Release code      | 42 |  |  |  |  |  |
|  |                     |           |               |            |              |              |                   |    |  |  |  |  |  |