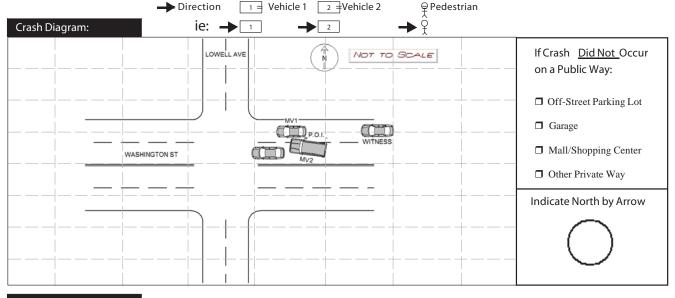
	Poli	ice Use Only		Commonw	vealth	of Mass	achu	setts	}		RM	V Doci	ument	t Number	
	Date of Crash 06/17/2019	Time of Crash	City/T	own Mot	or Vel	nicle Cra	ısh [	Number Vehicles		1 ^	eed Lim		St	ate Police ocal Police BTA Police	□ Xi
	06/17/2019	15:34 24HR	NEWTON	]	Police	Report		2	0		ongitude_			BTA Police ther:	
		AT INTER	SECTION:	<	LOCA	TION	>		N(	)T A	Γ INT	ERSI	ECTI	ION:	2 9
	WEST	T WASHI	INGTON ST												2
1 1	Route# Direct	tion	Name o	f Roadway/Street		Route# Direction	on Add	ress #		N	Name of I	Roadwa	ıy/Stre	et	_ 2 10
LOWELL AVE						Feet NSEW of or								. 💾	
	Route# Direc	etion N	Name of Intersect	ing Roadway/Street					Mil	e Marke	r		E	kit Number	_
			Also at Inte	ersection with		Feet	N S E V	v of	Rou		Intersec	ting Ro	oadway	y/Street	- 11
2 <b>1</b>	Route# Direct		Nome of Interes	ecting Roadway/Street		Feet	N S E V	of							4
3	Route# Direct	uon		Landmark									-		
	XVehicle1	_1_#Occupants	X Hit/Rur	Moped	Case Numbe	r	190	0000624							
	License#		St_N		Reg #	7ZS992			Reg	Type_P	AN	Re	g State		
	Sex_F Lic. 0	Class D 18 1	Lic. Restriction			Year_2017	Veh l	Make_H	ONDA			_Veh C	Config.	. 20	
4	Operator REL	DPATH Last	CASEY	Endorsment	Owne	REDPATH	et	ROBE	RTA First			Mide	dla		- <b>1</b> <sup>12</sup>
3	Address 75 OI		PITSI	Middle		ess 75 OLD FAR	RM RD		1-IISI			iviide			. 💾
	City NEEDHA	AM	S	tate MA Zip 02492	City	City NEEDHAM State MA Zip 02492									
	Insurance Com	npany SAFETY II	NSURANCE		Vehic	Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)								e)	
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Res	sponding to Emergency?_	Even	Sequence 1	22 22	22	22	2	3	$\overline{}$	4		
_	Citation # (If Is	ssued)			Most	Harmful Event	1 23	'		1 4	9	$\langle    $		10 Undercarri 11 Totaled	age
	Violation	1: ChSec	Violatio	n 2: ChSec	_ Drive	r Contributing C	ode 1	24	24			<u>\</u>		11 10000	
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violatio	n 4: ChSec	_ Unde	rride/Override	25	Towe	d_N_	8	C		6		
	Please f		ator and all occ	upants involved  Address		Age/DOB	Sex Po	26 27 at Safety s. System	28 Airbag A Status \$	29 Airbag Ej Witch Co	30 31 ect Trap ode Code	32 Injury Status	33 Fransp. Code	Medical Facilit	y 13
	Operator	,		See Above				99		99 0	0		1		
									$\vdash$						
7	Diagram Calast C	D				14	15		16		17			_	_
3	Please Select C of the Followi	I A Venicle	2 <u>2</u> #Occupa	nts Non-Motorist A	Туре	Action	Locati	ion	Co	ndition	17	X	Hit/Ru	n Mope	ed
	License#		St_N	IA DOB/Age DOB	Reg #	531PX6			Reg	Type_P.	AN	Re	g State	e MA	_
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restriction	19	Veh	Year 2010	Veh	Make_M	ERZ				Config.	20	
8 1	Endorsment				Owne	Owner (Same as operator)							_		
1	Address 100 P	INE GROVE ST	First	Middle	Addr	Last First Middle Address									
	City NEEDHA	City													
	Insurance Com	npany AMICA M	UTUAL INSUE	ANCE	Vehic	ele Action Prior to	o Crash	5	21	Dama	ged Area	Code:	(Circl	e Up to Thre	e)
Vehicle Travel Direction: N S E N Responding to Emergency?						Sequence 1	22 22	22	22	<b></b>	<u> </u>	<u>)</u>	4		
	Citation # (If Is	Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							age					
	Violation	n 1: Ch <u>90/24/C</u> Se	ec Violati	on 2: ChSec	_ Drive	r Contributing C	ode 19	24	24			<u>\</u>			
	Violation	n 3: ChSe	ec Violati	on 4: ChSec	Unde	rride/Override	25	Towed		8	7		6		
			operator and a	ll occupants involved		A co/DOD	Sex Po	26 27 at Safety	28 Airbag A	29 Lirbag Ej	30 31 Frap Code Code		33 Fransp.	Madical F'	in
	Name (Last Fi	Non-Motorist		See Above		Age/DOB	P	os. Syster 99		Switch C 99 0	ode Code  0	Status 10	Code 1	Medical Facili	Ly
	BUTANEY, AF	RIA	I	0 PINE GROVE ST EEDHAM, MA 02494			F 6	4	4	99 0	0	10	1		
			IN	ELDITANI, IVIA UZ474											
								+							



## Crash Narrative:

The operator of MV1 stated she was traveling Westbound in the right lane on Washington St. approaching the red light at the intersection of Lowell Ave. She stated MV2 was traveling Westbound on Washington St. in the left lane, and then came into her lane striking the left side of her vehicle. The operator of MV1 stated she told the operator of MV2 out of the window that she just side swiped her, and she responded that she did not. The operator of MV1 stated the light then turned green, at which time MV2 took a left onto Lowell Ave Southbound and never pulled over. I viewed the damage to MV1 which consisted of large moderate scratches down the length of both doors on the left side of the vehicle, enough for one to realize there had been a collision.

Witness Jeff Bennett flagged down the operator of MV1 and provided the registration of MV2 as MA Reg 531PX6,

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	# St	atement		
BENNETT, JEFFREY,	23 CARL WESTFO	ISLE RD PRD,MA 01886				Y		
Property Damage:								
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc			scription of Damaged Property			
Truck and Bus Information:	Registration #	`	,			35		
Truck and Bus Information:  Carrier Name		`	,	Carrier Issu	uing Authority Code	35		
				Carrier Issu		35		
Carrier Name		City		St	Zip			
Carrier Name Address US DOT #:		City		St	Zip			
Carrier Name Address US DOT #:	_ State Numbeross Vehicle Weight 38	City Issuing State	ICC #:_	St	Zip			
Carrier Name	_ State Numbeross Vehicle Weight 38	City Issuing State	ICC #:_	St	Zip			

⊣	Direction 1 =	Vehicle 1 2	₂ ≢Vehicle 2	Pedestr	·ian		
Crash Diagram:	ie: → 1	2	2	▶Ŷ			_
						If Crash <u>Did Not</u> Oon a Public Way:	)ccur
						☐ Off-Street Parking	; Lot
						☐ Garage	
						☐ Mall/Shopping Ce	enter
						☐ Other Private Way	
	 			+		<u> </u>	
	j					Indicate North by A	rrow
				<del> </del>		$\bigcirc$	
Crash Narrative:							
a Black Mercedes SUV. The	registered owne	r of MV2 mat	ches the descr	iption p	rovided as	a blonde female	with a
pony tail, possibly in her	30's.						
I left a message with the	operator of MV2	, Colleen Bu	taney, who ret	urned my	call and	stated she was tr	raveling
Westbound on Washington St	. in the left 1	ane approach	ing the red li	.ght at L	owell Ave.	She stated she s	started
to proceed into the right	lane but saw M	N1 and turne	ed back into th	ne left l	ane. She s	tated the operato	or of
MV1 rolled down her window	and stated tha	t she just s	ide swiped her	car, t	o which sh	e responded "no l	didn't
but I am happy to pull ove	r". She stated	at this time	the light tur	ned gree	n and MV1	continued straigh	nt on
Washington St. and didn't							
Mailing Colleen Butaney Ma		form Citatio	n # T1444505 f	or Chap.	90 Sec. 2	4/C Leaving the S	Scene of
	n next page)						
Witnesses:		Address				hone #	Chatamant
Name (Last, First, Middle)		Address				hone #	Statement
1		+					
Property Damage:							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
	Address		Phone #	34-Type	Description of	Damaged Property	
	Address		Phone #	34-Type	Description of	Damaged Property	
	Address  Registration #				Description of	Damaged Property	32
Owner (Last, First, Middle)	Registration #		(From Vehi	icle Section)		Damaged Property	e 35
Owner (Last, First, Middle)  Truck and Bus Information:	Registration #		(From Vehi	icle Section)	Carr	ier Issuing Authority Code	
Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address US DOT #:	Registration #		(From Vehi	icle Section)	Carr	ier Issuing Authority Code	
Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address  US DOT #:	Registration #		(From Vehi	icle Section)	Carr	ier Issuing Authority Code  Zip  Interstate	e
Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address US DOT #:	Registration #  State Number ss Vehicle Weight	38	(From Vehi	ICC #:_	Carr	ier Issuing Authority Code	e
Owner (Last, First, Middle)  Truck and Bus Information:  Carrier Name  Address US DOT #:  Cargo Body Type Code 37 Gros	Registration #  State Number ss Vehicle Weight	38	(From Vehi	ICC #:_	Carr	ier Issuing Authority Code  Zip  Interstate	e

•	Direction	1 = Vehicle	1 2 <b>=</b> Vehicle 2	₹Pedest	rıan		
Crash Diagram:	ie: 🛶 🗀	1 -	2	→Ŷ			
Crash Diagram:	ie: →		. —	→ K		If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way  Indicate North by A	g Lot enter
Property Damage (Accident	:) .						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:		'			'		'
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descripti	ion of Damaged Property	
owner (East) i iist, illiadie)	7.00.035		1.116116.11	31.750	Desc.,pe.	on or burnagea respectly	
Truck and Bus Information:	Registration # _		(Fr	om Vehicle Section)			
Carrier Name						Carrier Issuing Authority Cod	e 35
Address			City			St Zip	
			-				36
US DOT #:	State Number	38	Issuing Sta	te ICC #:_		Interstate	
Cargo Body Type Code G	ross Vehicle Weight	30					
Trailer Reg #:	Reg Type	Reg St	ate Reg	Year Tı	ailer Lengt	h   39	
Hazmat Information:		-					
Placard 40 Material 1 digi	t # 41 Material	Name		Material 4	digit#	Release code	42
KAYLA PATRICIA DONAHUE				NEWTON POLICE DEPART	N.	06/17/20	)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)