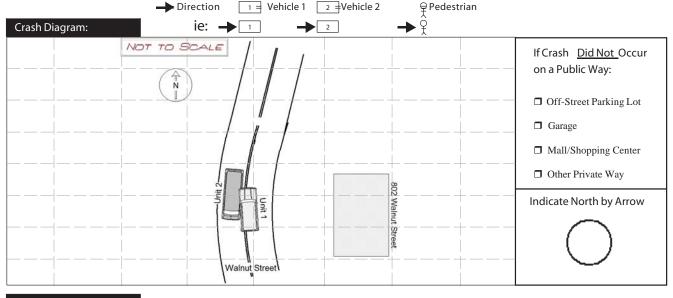
	Poli	ice Use Only		Commonwe	alth	of Massa	achu	setts	}		RM	V Docu	ment Numb	oer
	Date of Crash 07/01/2019	Time of Crash 11:48	NEWTON	141010		iicle Cra Report	sh	Number Vehicles 2		red Lat	ed Limi itude _ ngitude_		State Poli Local Pol MBTA Po Other:	ce ice Xi
		AT INTEL	RSECTION:	<	LOCA		>						CTION:	
						NORTH	802			NUT ST				
1 <b>1</b>	Route# Direc	tion —	Name of	Roadway/Street		Route# Direction		ress #			ame of I	Roadway	//Street	
1				Feet NSEW of or										
	Route# Direc	etion I		Mile Marker Exit Number								ber		
			Also at Inters	ection with		Feet [1	N S E V	V of	Rou	te#	Intersec	ting Roa	adway/Street	
2 <b>1</b>	Route# Direc		Name of Intersec	ting Roadway/Street		Feet NSEW of								
3			<u> </u>		Landmark									-
	XVehicle1	1_#Occupants	Hit/Run	☐ Moped Cas	se Number		190	0000677						
	License#	18 1	St MA	DOB/Age	Reg#	934RJ9			Reg	Type_PA	N	Reg	State MA	20
	Sex_F_ Lic.	Class D	Lic. Restrictions	CDL	_ Veh Y	/ear_2019	Veh	Make_T0	OYOTA	A		_Veh Co	onfig. 2	
4 1		RTINEZ Last	FIFSU	D Middle	_ Owne	(Same as open	rator)		First			Middl	e	
		LISTON STREE				ess								— T
	City BOSTON			te_MA Zip_02115	_ City_									
-		pany GOVT EN			_ Vehic	1								
5		Direction: X		onding to Emergency?	_ Event	Sequence 1	22 22 23	22	22	2	$\overline{\bigcap}$		4	ercarriage
		ssued) T1272998			Most	Harmful Event	1	24	24	<b>1</b>	9		5 11 Total	~
5 1	1			2: ChSec		r Contributing Co	ode 9			<b>0</b>	7		<i>)</i> 6	
1			c Violation rator and all occur	4: ChSec	Unde	rride/Override		Towe	d_N		0 31	31 32 33 Trap Injury Transp.		
	Name (Last Fir		ator and an occup	Address		Age/DOB	Sex Po	26 27 sat Safety s. System	28 Airbag A Status S	29 3 Airbag Eje witch Coo	t Trap le Code	32 Injury Tr Status C	ode Medical	Facility
	Operator			See Above				99	4	99 0	0	10 1	N/A	
7 <b>1</b>	Please Select C of the Followi	I X I Vahicle	e2 <u>1</u> #Occupant	Non-Motorist A T	Туре	14 Action 1	5 Locat		16 Co	ndition	17	Пн	it/Run	Moped
	License#		St_MA	DOB/Age	_ Reg#	Reg # 3AL821 Reg Type PAN						Reg State MA		
	Sex_M_ Lic.	Class D 18 1	_ Veh Y	Veh Year 1999 Veh Make FORD Veh Config. 20							20			
8 <b>3</b>	Operator KEN	NEALLY	GERARD First	Endorsment M	_ Owne	Owner (Same as operator)  Last First Middle								
	Address 360 R	IVERWAY (apt	:. 19)		Address									
	City BOSTON	1	_ City_	City State Zip										
	Insurance Com	pany GEIKO	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)							Three)				
	Vehicle Travel	Direction: N	_ Event	Event Sequence 1 22 22 22 2 3 4										
	Citation # (If I	ssued) N/A	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								~			
	Violatio	n 1: ChS	ec Violation	Driver Contributing Code 1 24 24 6										
			ec Violation	Unde	rride/Override	25	Towed	<u>N</u>		V.	,	6		
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex P	26 27 sat Safety os. System	28 Airbag A Status	29 3 Sirbag Eje Switch Co	0 31 ct Trap de Code	32 Injury Tr Status	33 ransp. Code Medica	l Facility
	Operator/	Non-Motorist		See Above				99	4	99 0	0	10 1	N/A	
								-				+		



## Crash Narrative:

On Monday, July 1, 2019 while assigned to Traffic unit N525, I responded to the area of 802 Walnut Street, Newton for a report of a motor vehicle accident. The weather at the time of the accident was clear and sunny. The road surface was dry. Walnut Street is a public way maintained by the City of Newton.

The operator of MV1, Dayana Martinez (S96710554), stated she was operating her 2019 Toyota Rav 4 (MA: 934RJ9), Northbound in the area of 802 Walnut Street, Newton. Martinez stated as she was coming around the bend the sensor system for her vehicle activated and she attempted to pull her vehicle away from the double yellow line. Martinez stated the vehicle locked up and she made contact with MV2. Martinez reported no injuries on scene. I observed moderate damage to the front driver side area of MV1.

The operator of MV2, Gerard Kenneally (S75917793), stated he operating his 1999 Ford E150 (MA:

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address			Phone #	:	Statement			
		22 WILLIS AV	ENUE							
STEWART, BRYAN,	FRAMINGHA	M,MA 01702		-		Y				
Property Damage:	•				'					
Owner (Last, First, Middle)	Address	Phone # 34-Type D			Descripti	Pescription of Damaged Property				
Truck and Bus Information:  Carrier Name			(From Vehic	,		Carrier Issu	ing Authority Co	de 35		
Address			City			St	Zip			
37	Issuing State ICC #: Interstate						36			
Cargo Body Type Code Gross Vehicle Weight Gross Vehicle Weight 39										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit i	me		Material 4	digit#		Release code	42			

<b>→</b> l	Direction	1	d venicie i	2 #Vehicle	2 FP	edestri	dII			
Crash Diagram:	ie: -	1	] -	2	→ 9					
								If Crash <u>Did Not Con a Public Way:</u>	Occur	
					_			☐ Off-Street Parking	T Ot	
									g Lot	
	_					-+		☐ Garage		
								☐ Mall/Shopping Ce	enter	
								Other Private Way	,	
	_				_+	-+		Indicate North by A	rrow	
	_				_	-+				
	İ	į		İ		į		( )		
	_				_					
Crash Narrative:										
3AL821), Southbound in the a	rea of	802 Wa	lnut Str	eet, Newton	. Kenneally	y stat	ed MV2 wa	as traveling		
Northbound on Walnut Street	and cro	ssed o	ver the	double yell	ow line and	d side	swiped	the driver side of	f his	
vehicle. Kenneally reported	no inju	ries o	n scene.	I observe	d moderate	damag	ge to the	driver side of M	72 from	
the driver door to the rear	bumper	area.								
I spoke with a witness	to the	accid	lent, Bry	an Stewart,	via telepl	none.	Stewart s	stated he was trav	veling	
Southbound on Walnut Street	behind 1	MV2 at	the tim	e of the ac	cident. St	tewart	stated l	ne observed MV1 d	rive	
over the double yellow line	and int	o thei	r travel	lane. Ste	wart stated	1 3/4	of the ve	hicle was in the		
Southbound lane while it was	travel	ing No	rthbound	l. Stewart	stated MV1	crash	ed into 1	NV2. Stewart stat	ted if	
MV2 was not in front of him	then MV	1 woul	d have	crashed int	o him.					
(Continued on	next pa	ge)								
Witnesses:										
Name (Last, First, Middle)			Address					Phone #	Statement	
Property Damage: Owner (Last, First, Middle)	Address			Phone #	24	Туре	Doscription	f Damaged Property		
Owner (Last, First, Mildule)	Address			Filone 7	34-	Туре	Description	Damaged Froperty		
Truck and Bus Information:	Registrati	on #			From Vehicle Se	ection)			25	
Carrier Name Carrier Issuing Authority Code										
Address				City			St	Zip		
US DOT #: Sta	nte Number			Issuing	tate I	CC #:		Interstate	36	
37	/ehicle Wei		38		_					
			D- 6	to D	a Vaar	m.	ilon I	39		
Trailer Reg #:  Hazmat Information:	_ Keg Type	=	Keg Sta	ne R	g rear	I ra	ner Length			
40	41	_4 1 NY			3.5	:-14 1	:_:, #	Release code	42	
Placard Material 1 digit #	Ma	аtепаi Na	une		Mat	епаі 4 d	ıgıt #	Kelease code		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					☐ Off-Street Parki	ng Lot
					☐ Garage	8
					☐ Mall/Shopping	Center
		_	<u> </u> -		Other Private W	
		 -	 		Indicate North by	
						Allow
Cool News						
Crash Narrative:	h all mambias is	neral mant	inor was mails	d Magazah	usetts Uniform Citation T	1272000
for Chapter 89, Section			Inez was maile	ed Massacii	usetts Unitorim Citation i	
	an (narnea rane.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
D						
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
	1.00.000					
Truck and Bus Information:	Registration # _		(From Ve	chicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	36
	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37	Bross Vehicle Weight	38			32	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						(2)
Placard 40 Material 1 dig	rit # 41 Material	Name		Material 4 d	digit # Release code	42
MICHAEL R GAUDET			NEW	TON POLICE DEPARTM	07/01,	/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)