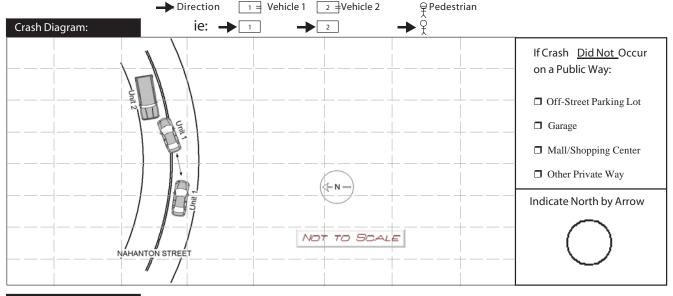
	Poli	ce Use Only		Commonwea	alth (of Massa	achu	sett	S		RM	V Docu	ment N	umber	
	Date of Crash 07/09/2019	Time of Crash	NEWTON	MIOTOI		iicle Cra Report	sh	Numbe Vehicle 2		ired La	eed Lim titude _ ongitude		State Local MBT Other	Police Police A Police]]
		AT INTEL	RSECTION:		LOCA		>			OT A					┪
						EAST	76			HANTO:					2
1	Route# Direct	tion	Name of	Roadway/Street		Route# Direction		dress #			Vame of I	Roadway	y/Street		-
1	At														2
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of or or Mile Marker Exit Number									
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street									
² 1			Feet NSEW of										3		
	Route# Direct	tion	Name of Interse	cting Roadway/Street	Landmark									-	
3 1	XVehicle1	1_#Occupants	Hit/Run	Moped Case	Number		19	0000070	6						П
	License#		St_M	A DOB/Age	Reg#	4YC596			Reg	Type_P	AN	Reg	g State_N	ſA	1
	Sex_M Lic. 0	Class D 18	Reg # 4YC596 Reg Type PAN Reg State MA Veh Year 2019 Veh Make MERCEDES Veh Config. 1												
4	Operator BISI	нор	ROBERT	Endorsment PETER Middle		r AMR AUTO			Firs			Middl			1
1		ARTMAN RD	First	Middle		ess 425 PROVID			Firs			Middl	ie .		<u> </u>
	City NEWTO	N	Sta	nte_MA Zip 02459	City WESTWOOD State MA Zip 02090-1927									90-1927	
	Insurance Com	pany FEDERAT	TED MUTUAL		Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?	·										
	Citation # (If Is	ssued)			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								;e		
	Violation	1: ChSe	ec Violation	2: ChSec	Driver Contributing Code 22 24 9 24										
⁶ 1	Violation	3: ChSe	ec Violation	4: ChSec	Under	ride/Override	25	Tow	ed N	8	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility							dical Facility	1	
	Operator See Above							1	4	4 0	0		1		
									+						1
7 1	Please Select C	I A Venici	e2 1_#Occupant	s Non-Motorist A Ty	ре	14 Action 1	Loca	tion	16 C	ondition	17	Пн	lit/Run	Mopeo	
	License#		St_M	A DOB/Age	Reg # 5MR237 Reg Type PAN Reg S						State N	tate_MA			
	Sex_F_ Lic. (Class D 18	18 Lic. Restriction	19	A CONTROL OF THE CONT							Veh Config. 2			
8 1	Operator LEM		EKATERINA First		Owner DAIMLER TRUST										
1		DSEMARY STR	Middle	Address PO BOX 685 Last First Middle Middle											
	City NEEDHAM State MA Zip 02494					City ROANOKE State TN Zip 76262									
	Insurance Company SAFETY INSURANCE					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: N S E X Responding to Emergency?				Event Sequence 1 22 22 22 2 3 4										
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ſ	Ple Name (Last Fir		r operator and all	occupants involved		Age/DOB	Sex S	26 27 Seat Safety Pos. Syste	28 Airbag Em Statu	29 Airbag Ej	30 31 ect Trap ode Code	32 Injury Tr	33 ransp. Code M	edical Facility	7
		Non-Motorist		See Above		Age/DOB		1	4	4 0	0 Code	Status 10		outal Facility	
															1
ļ															1
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Crash Narrative:

On Tuesday 7/9/19 at approximately 1734 hours while assigned to marked unit n499 I was dispatched to the area of 76 Nahanton Street for a report of a 2 car MVA with no injuries.

Upon arrival I spoke with the operator of MV1, BISHOP Robert, who stated that he was travelling eastbound operating a loner vehicle from Mercedes of westwood when the vehicle began "bucking" back and forth as he was slowing to a stop. He stated he didnt know why the vehicle was operating in such an erratic manner.

Robert further stated that he was concerned that he would strike the vehicle in front of him so he swerved toward the middle of the road crossing the double yellow line into the path of MV2 striking the vehicle.

I also spoke to the operator of MV2, LEMBERG Ekaterina, who stated that she was travelling westbound when she saw MV1 cross the double yellow line into her lane of travel. She was unable to stop and was struck by

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone #	Phone #						
Property Damage:										
Owner (Last, First, Middle)		ged Property	Property							
Truck and Bus Information:	Registration #		(From Vehic	le Section)			25			
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 #	ne	Material 4 digit # Release code 42								

	→ Direction 1	∃ Vehicle 1	2 =Vehicle 2	Pedestr	rian			
Crash Diagram:	ie: → ¹	→	2	▶ ♀				
						Crash <u>Did Not</u> C n a Public Way:	Occur	
			_			Off-Street Parking	; Lot	
						Garage		
						Mall/Shopping Ce	enter	
						Other Private Way		
			 			dicate North by A		
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Curale Navigation								
Crash Narrative:								
W itnesses:								
Name (Last, First, Middle)		Address			Phone	2 #	Statement	
Property Damage:			21 "	24.7	D ::: (D			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property		
Truck and Bus Information:			(From Ve	,	Ci I	in - Andronia Cod	35	
Carrier Name						Carrier Issuing Authority Code St Zip		
AddressUS DOT #:			•				36	
37	Gross Vehicle Weight	38	Issuing State	ICC #:_		Interstate		
Trailer Reg #:		Reg State	Reg Year_	Tra	ailer Length			
Hazmat Information:						_		
Placard 40 Material 1 d	igit # 41 Material Na	nme		Material 4 o	digit #	Release code	42	
ALAN JR RICHARD SOLOMAN			NEV	VTON POLICE DEPART!		07/09/20)19	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)