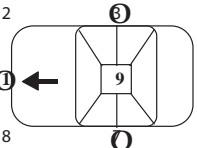
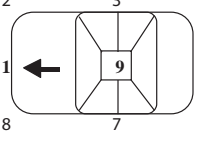


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/14/2019	Time of Crash 23:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 542 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000722	
License # _____ St MA DOB/Age _____			Reg # Z14KZB			Reg Type PAN			Reg State NJ	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make HYUN			Veh Config. 1 20	
Operator BROWN SIERRA ELYSE			Owner (Same as operator)							
Address 327 FULLER STREET			Address _____							
City DORCHESTER State MA Zip 02124			City _____ State _____ Zip _____							
Insurance Company METRO PROP & CAS.			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 97 22 22 22 2							
Citation # (If Issued) T1442135			Most Harmful Event 22 23							
Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____			Driver Contributing Code 99 24 99 24							
Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 3 1 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 <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22 2							
Citation # (If Issued) _____			Most Harmful Event 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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			-----			-----				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

OPMV#1 Was traveling Southbound on Chestnut St when she saw an object in the middle of the road and swerved into the Northbound lane of Chestnut St. OPMV#1 Drove up over the curb and onto the sidewalk colliding with a stone wall at 542 Chestnut St and a Utility pole. The vehicle then traveled Southbound on the sidewalk and stopped at the intersection of Chestnut St and Roslyn Rd.

I observed major damage to front of the vehicle along with left and right side damage. Airbags were deployed on all sides. OPMV#1 Was evaluated by EMS and she signed a medical refusal.

Vehicle was towed by Tody's Towing. OPMV#1 is charged with the following: M.G.L. C.89 S.4A Marked Lanes, M.G.L. C.90 S.24 Negligent Operation, M.G.L. C.90 S.24 OUI Alcohol. Refer to incident #19029056.

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

REID LARSON		NEWTON POLICE DEPARTM	07/15/2019
Police Officer Name (Please Print)	Signature	ID/Badge # Department	Precinct/Barracks Date

CDP1 11 -24-00