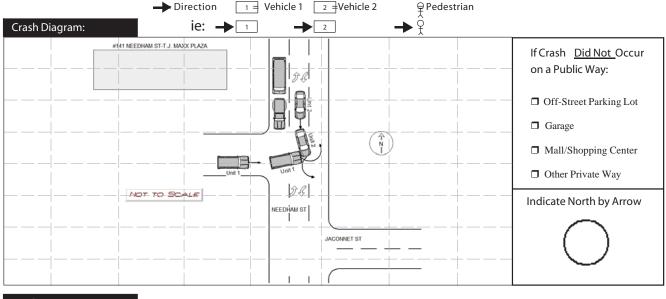
	Poli	ce Use Only		Commonwo	ealth	of Mass	achı	ısett	S		RM	V Docu	ıment	Number	
	Date of Crash 07/16/2019	Time of Crash 09:38	NEWTON	MIOU		nicle Cra Report	ash	Numbe Vehicle 2		ired La	eed Lim		— Lo	ate Police [ocal Police] BTA Police [ther:	ב ב ב
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		ssued)			Most	Harmful Event	1 23					$\langle $		10 Undercarria	ge
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⁶ 1	Violation	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address							26 27 Seat Safet	7 28 y Airbag	29 Airbag Ej	30 31 ect Trap	32 Injury	33 Transp.		1
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9	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A	Туре	Action Action	Loc:	ation	16 C	ondition	17	□ ŀ	Hit/Rui	n Mope	b
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	Pl	ease fill out for		occupants involved				26 27 Seat Safet	28 y Airbag	29 Airbag Ej	30 31 ect Trap	32 Injury I	33 Transp.		7
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Crash Narrative:

On 07/16/19 at approximately 09:38 I responded to a two vehicle crash on Needham St. outside of #141. The Operator of Veh #1 stated she was turning left on Needham St when the South bound traffic stopped to left her turn. As she turned, Veh#2 drove South down the multi-turn lane and they collided nearly head on. Heavy damage and air bag deployment to Veh #1. The operator was checked out by Medics and signed a patient refusal.

The Operator of Veh #2 stated she was driving down the multi-turn lane South on Needham St.. She was preparing to take a left onto Jaconnet St when Veh #1 pulled out of parking lot and collided with her vehicle. I observed moderate to heavy damage to Veh #2 and noted that the vehicle didn't have its directional on. The operator of Veh #2 complained to left leg pain and was transported to Newton-Wellesley (Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	otion of Damag	ed Property	
Truck and Bus Information: Carrier Name			(From Vehic	le Section)		Carrier Issui	ng Authority Cod	35 e
Address			City			St	Zip	
US DOT #:S	State Number		_ Issuing State	ICC #:_			_ Interstate	36
37	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Len	gth 39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#_		Release code	42

	▶ Direction 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2_≢Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →□	→ [2	2	→ ♀		
					on a	Public Way: Ff-Street Parking Lot arage all/Shopping Center ther Private Way
		-ii			Indica	ate North by Arrow
					- — — — — — — — — — — — — — — — — — — —	
Crash Narrative:						
Hospital By Ambulance #1. E	Both vehicles	were towed by	Tody's Towi	ng. At the	conclusion of r	my investigation it
appears as if both vehicles	were at faul	t during this	crash; Veh#	1 for not	yielding to righ	nt of way and Veh
#2 for traveling too soon i	n a turn lane	, no direction	nal and driv	ring too fa	st for the heavy	/ traffic
conditions. Both operators	were given ve	rbal warnings	and there	will be no	citations issue	ed at this time.
Witness						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Nume (Last, First, Miladie)		Address			Thore #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Owner (East, First, Middle)	7 ddi C33		THORIC #	эттурс	Description of Damage	curroperty
Truck and Bus Information:						
	-		(From V	Pehicle Section)	G . I .	35
Carrier Name					Carrier Issuir	ng Autnority Code
Address			City		St	·
US DOT #:	State Number		Issuing State	ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				
	, venicie veign				39	
	_				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:	Reg Type	Reg State	Reg Year_	Tra	iller Length	
	41				ligit #	Release code 42
Hazmat Information:	41				iler Length	Release code 42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)