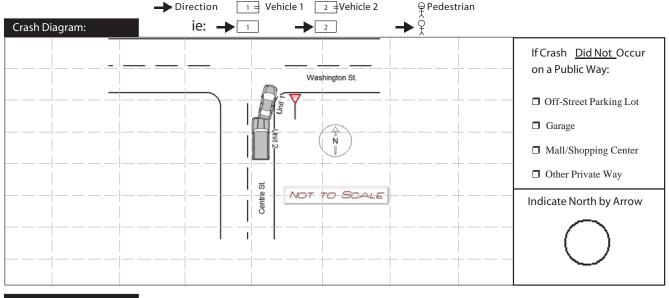
	Poli	ice Use Only		Comm	onweal	lth o	of Massa	ach	use	tts			RMV	⁷ Docu	ment l	Number		
	Date of Crash 07/23/2019	Time of Crash	1	Town	Motor	Veh	icle Cra	sh			Number Injured		d Limit		Stat Loc	te Police al Police TA Police		
	07/23/2019	17:35 24HR	NEWTON		Poli	ice I	Report		2		0		itude_		— MB Oth	TA Police er:		
		AT INTER	RSECTION	:	< L	OCA	ION	>			NOT	AT]	INTE	ERSE	CTI	ON:		2
	NOR	TH CENTR	RE ST															2
1 1	Route# Direc			of Roadway/Street			Route# Direction	on A	ddress	#		Nan	ne of R	oadway	y/Street	t	_	2 10
1	At EAST WASHINGTON ST					Feet NSEW of or									2			
	Route# Direc			ting Roadway/Stree	et .			. ~ -			Mile Ma				Exi	t Number		
				ersection with			Feet	N S E	W o	_	Route#	I	ntersect	ing Roa	adway/	Street	-	
2 1						-	Feet	N S E	W 0		reducii		iterseet	110	uaway,	Street		2
	Route# Direction Name of Intersecting Roadway/Street						Landmark											
3	XVehicle1	_1_#Occupants	Hit/Ru	n Mope	d Case N	lumber		1	190000	0755								
	License#		St ¹	MA DOB/Age		Reg#	375983			ī	Reg Typ	e PAN	1	Res	State	MA		
	Sex_F Lic. 0	18 1		19		_	ear_2006									20	_	
4	Operator KAI		□ MATILDA	End	orsment		(Same as ope	rator)										1 ¹²
5	Address 5 VE	Last NNER RD	First	M	liddle		Las	st			First			Middl	le		_	1
	City ARLING		,	State_MA Zip_02	2476	Address City State Zip										-		
		pany PLYMOUT		24p		-	e Action Prior to			21					•	Up to Thr		
5	1	Direction: X		sponding to Emerg			Sequence 1			22 2	2 2		3		4			
1		ssued)		sponding to Emerg	sency		Harmful Event	1 2	3			ſ	\coprod	<u> </u>	10	0 Undercarı	iage	
	,			on 2: ChSec	r		Contributing C	Г	1 24	4	<u>24</u> ¹ ◀	←	9		1	1 Totaled		
⁶ 1	1			on 4: ChSec			ride/Override	2	_	 Γowed _!	N 8		7		6			
_				cupants involved		Chach	ide/Override [П			28 29 bag Airbag	30 Eject	31 Trap 1 Code	32 Injury T	33 ransp.			13
	Name (Last Fir	st Middle)	1		ddress Above		Age/DOB	Sex	Pos. \$	system Sta	itus Switch	Code		Status C	Code N	Medical Facil	ity	1
	Operator				Above					1 4	4	0	0	10	1			
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	ants Non-Mo	otorist A Type	. 1	4 Action	Loc	cation	16	Condit	ion	17	Πн	lit/Run	Мор	ed	
	License#		St_ ¹			Reg # <u>M94771</u> Reg Type <u>MVN</u> R						Reg	eg State_MA					
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2016 Veh Make FORD Veh Config.						2 20						
8_1	Operator OLSON ERIN ELIZABETH					Owner WATERTOWN PUBLIC WORKS										_		
4 Address 37 PONEMAH RD Address 124 ORCHARD ST								Middi	ie		_							
	City AMHERST State NH Zip 030313002 Insurance Company SELF INSURED Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued)					City WATERTOWN State MA Zip 02172									_			
						Vehicle	e Action Prior to	o Crash		1 21	Da	maged	l Area	Code: ((Circle	Up to Thr	ee)	
						Event	Sequence 1	22 2			2 2		3	<u> </u>	4			
						Most Hormful Event 1 23									iage			
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Driver Contributing Code 5 24 24 5 11 Totaled											
							Underride/Override 25 Towed N 8 7 6											
			operator and a	all occupants invo					26 Seat S	27 Safety Air	28 29 bag Airbag	30 Eject	31 Trap		33 ransp.			
	Name (Last Fi Operator/	rst Middle) Non-Motorist			Above		Age/DOB	Sex	Pos.	System Si	tatus Switc	h Code 0	Code	Status	Code 1	Medical Faci	lity	
	1				-						1		1				\dashv	
																	\dashv	



Crash Narrative:

At approximately 1740HRs on Tuesday, July, 23, 2019, I was dispatched to the intersection of Centre St. and Washington St. for a two vehicle crash. Upon arrival, I confirmed that all parties were not injured. The operator of MV1 (MA Pass: 375983) stated that as she traveled northbound on Center St., she stopped at the yield sign in the intersection, so she could enter Washington St. (eastbound). It was at this time MV2 struck MV1 in the rear. The operator of MV2 (MA Official: M94771) stated that as she traveled northbound, she observed MV1 stop at the intersection and began to enter Washington St. MV1 then stopped again and the two collided. I noted damage to MV1's rear bumper area and damage to MV2's front bumper area. Neither vehicle required a tow and left under their own power. I cleared without incident.

Witnesses:							
Name (Last, First, Middle)	Address		Phone #	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property	
Truck and Bus Information:	- · · · · · · · · · · · · · · · · · · ·				<u> </u>		
Carrier Name	Registration #				Carrier Issuin	ng Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		_ Material 4	digit #	Release code	42

CHRISTOPHER G HOWES	38804	NEWTON POLICE DEPARTM	07/23/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date