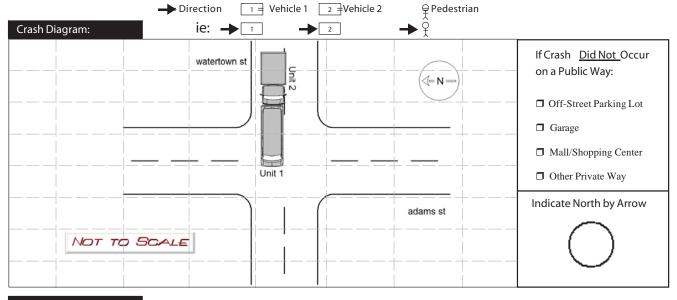
| | Poli | ice Use Only | | Com | monwe | alth (| of Mas | sac | huse | etts | | | RM | V Doc | umen | t Number | |
|-----------------------|--|---------------------------------|--------------------|-----------------|--------------------|---|-----------------------------------|---------|--------------------|--------------------------|-----------------------------|-----------------------------|-------------------------------|------------------------|-----------------------|---|----------|
| | Date of Crash 07/29/2019 | Time of Crash 08:12 | City/ NEWTON | Town | | | icle C | | Nu Ve | ımber hicles | Num Injur | ed La | eed Lim titude _ | | | tate Police ocal Police IBTA Police | XI D |
| | | 24HR | ~~~ | | _ | | Report | | 2 | | 1 | | ngitude | | <u> </u> | ther: | _ |
| | | AT INTER | RSECTION | | < | LOCA | TION | > | | | NC | T A | ΓINT | ERS | ECT | ION: | \dashv |
| | WES | T WATER | RTOWN ST | | | | | | | | | | | | | | ┟ |
| ${f 1}^{1}$ | Route# Direc | etion | Name | of Roadway/Stre | eet | | Route# Dire | ction | Addres | ss# | | N | lame of l | Roadw | ay/Stre | eet | |
| | At SOUTH ADAMS ST | | | | | Feet N S E W of | | | | | of — • — or | | | | | | _ |
| | Route# Direc | | Name of Intersec | ing Roadway/S | treet | | | | | | Mile | Marke | r | | Е | xit Number | _ |
| | | | | ersection with | | | Feet | N S | EW | of | Rout | | Interce | rting R | oadwa | y/Street | - |
| 2 1 | | | | | | | Feet | N S | EW | of | Rout | CII | merse | ing K | oauwa | y/Birect | |
| 1 | Route# Direc | tion | Name of Inter | secting Roadwa | y/Street | Landmark | | | | | | | | | | | |
| 3 | XVehicle1 | 2_#Occupants | ☐ Hit/Ru | n | ped Case | e Number | ı | | 19000 | 00776 | | | | | | | |
| | License# | | St. | MA DOB/Ag | <u> </u> | Peg# | LV71152 | | | | Pag ' | Cyne L' | VN | D | og Stat | ω MA | |
| | Sex_F_ Lic. | 18 1 | | 19 | CDL | - | ear_2015 | | V-1- M | FO | | | | | Config | 20 | - |
| 4 | | | | 0113 | Endorsment | | r_KIESSLIN | | | 1KC | | | | _ venv | Conng | ,. <u> </u> | F |
| 3 | Address 41 No | RRY-HARRADE Last ORTH ST. | First | | Middle | | 288 <u>101 (apt. A</u> | | | TION | First | | | Mic | idle | | - |
| | | | | . МА | 02048 | | | , 201 | | | | | | MA | | 02038 | - |
| | City MANSFI | | | State_WIAZip | 02048 | _ City _ | FRANKLIN | | | 21 | | | State | | - | | - |
| - | Insurance Com | npany ACE AME | RICAN | | | Vehic | le Action Prio | r to Cr | | 2 21 | | ` | | | ` | le Up to Thre | ree) |
| 5 1 | Vehicle Travel | Direction: N | S E X | sponding to En | nergency? | Event | Sequence | 22 | 22 | 22 | 22 | | 3 | | 4 | 1077 | |
| | Citation # (If I | ssued) | | | | Most | Harmful Ever | t 1 | 23 | | | • | 9 | 1 | 5 | 10 Undercarr 11 Totaled | nage |
| | Violation | 1: ChSec | Violati | on 2: Ch | Sec | Drive | r Contributing | Code | 1 | 24 | 24 | | | | ١ | | |
| ⁶ 1 | Violation | 3: ChSec | Violati | on 4: Ch | _Sec | Under | ride/Override | | 25 | Towed | <u>Y</u> | 3 | 7 | | 6 | | |
| | Please | fill out for opera | ator and all oc | upants involv | ed Address | | Age/DOB | Sex | 26 Seat Pos. | 27 Safety A System | 28 Airbag A Status Sv | 29 irbag Eje vitch Co | 30 31 ect Trap de Code | 32 Injury Status | 33 Transp. Code | Medical Facili | |
| | Operator | | | So | ee Above | | | | | | | l 0 | 0 | 10 | 1 | Wedicai Facin | ny |
| | RANKINS, LATOYA DORCHAGED MA 20112 | | | | 3.5.4. 0.04.4.0 | | | F | 3 | 1 | 4 4 | 1 0 | 0 | 9 | 2 | NEWTON WELLE | SLEY |
| | , | | | OORCEHSTER, | MA 02113 | | | | | | | | - | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select C of the Followi | IX Vehicle | 2 <u>2</u> # Occup | nts Non- | Motorist A T | ype | 14 Action | 15 | Location | 1 | Con | ndition | 17 | | Hit/Ru | ın Mop | oed |
| | License# | | St | MA DOR/A | ge | Reg# | T62804 Reg Type CON Reg State | | | | | _e MA | | | | | |
| | Sex_M Lic. | 18 1 | | 19 | CDL | | | | | | | 20 | | | | - | |
| Q. | Operator KO | | IVAN | 3113 | Endorsment | _ | | | | | | | Veh Config. 13 | | | | |
| 8 2 | l ' | Last COMMONWEAI | First | | Middle | Owner RYDER TRUCK REN! Last First Middle 1 DEFERMINATION OF THE PROPERTY OF | | | | | | | | | | - | |
| | | | | | | Address 1 JEFFERSON BLVD | | | | | | | | | 02000 | - | |
| | City ALLSTON State MB Zip 02134 Insurance Company PILGRIM Vehicle Travel Direction: N S E Responding to Emergency? Citation # (If Issued) | | | | | City WARWICK State RI Zip 02888 Value Action Prior to Crash 21 Damaged Area Code: (Circle Up | | | | | | | | - [| | | |
| | | | | | | Vehic | le Action Prio | r to Cr | | 2 21 | | ` | | Code | ` | le Up to Thr | ree) |
| | | | | | | | | | | | | | | riaga | | | |
| | | | | | | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled | | | | | | | | | iage | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | | | Driver Contributing Code 19 24 24 | | | | | | | | | | |
| | Violatio | n 3: ChSe | ecViola | ion 4: Ch | Sec | Under | ride/Override | | | Fowed . | <u> </u> | 3 | | | 6 | | |
| | Pl Name (Last Fi | ease fill out for | operator and | ll occupants i | nvolved Address | | Age/DOI | Se Se | 26 Seat Pos. | 27 Safety 2 System | 28 Airbag A Status S | 29 rbag Eje witch C | 30 31 Ect Trap ode Code | 32 Injury | 33 Transp. Code | Medical Faci | lity |
| | | Non-Motorist | | Se | ee Above | | | , se | | | | l 0 | 0 | Status 10 | 1 | ivicuical Fact | iiity |
| | KOLOMIIETS | S, VLADYSLAV | 1 | 40 NOTATION | | | | М | 3 | 1 | 4 4 | | 0 | 10 | 1 | | |
| | | | | SHLAND, MA | U1721 | | | | + | - | - | | + | | - | | |
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Crash Narrative:

ON 7-29-19 AT APPROX. 0812HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WATERTOWN AND ADAMS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING W-BOUND ON WATERTOWN WAITING TO TURN LEFT ONTO ADAMS WHEN SHE WAS HIT IN THE REAR BY VEHICLE #2.

DRIVER OF VEHICLE #2 STATES HE WAS STOPPED BEHIND VEHICLE #1 WAITING TO TURN LET ONTO ADAMS ST. DRIVER STATES HE STARTED TO GO ND REALIZED VEHICLE #1 WASN'T MOVING BECAUSE THE LIGHT AT WATERTOWN AND ADAMS HAD CHANGED TO RED. HE WAS UNABLE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD NO REAR END DAMAGE. VEHICLE #2 HAD NO FRONT END DAMAGE. PASSENGER OF VEHICLE #1 WAS TRANSPORTED TO NEWTON WELLESLEY HOSPITAL BY MEDIC2 FOR POSSIBLE BACK INJURY. ALL OTHER PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

| Witnesses: | | | | | | | | | |
|--|------------------|-----------|---------------------------------|--------------|-----------|-------------------------------|------------------|----------|--|
| Name (Last, First, Middle) | Address | | | Phone # | Statement | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descrip | scription of Damaged Property | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | (From Vehic | cle Section) | | Carrier Issuir | ng Authority Coo | 35 le | |
| Address | | | City | | | St | _ Zip | | |
| US DOT #: | State Number | | Issuing State ICC #: Interstate | | | | | | |
| Cargo Body Type Code Gross | s Vehicle Weight | 38 | | | | 30 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer Len | ngth 39 | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Na | me | | Material 4 | digit#_ | | Release code | 42 | |
| | | | | | | | | | |

| THOMAS P WALSH | | NEWTON POLICE DEPARTM | 07/29/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |