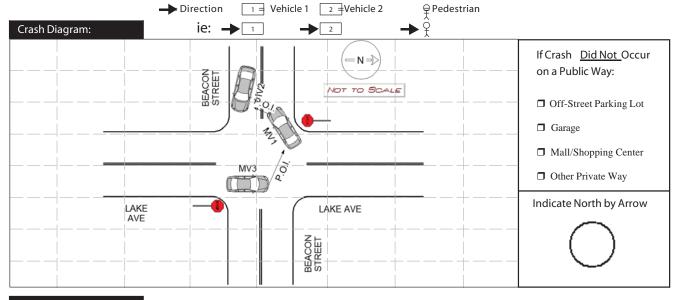
	Poli	ce Use Only		Com	monwea	alth o	of Massa	ach	use	etts			RM	V Doc	umei	nt Number		
	Date of Crash		1	Town	Motor	Veh	icle Cra	sh		mber	Num	ber Spored La	ed Lim			State Police Local Police MBTA Police		
	08/02/2019	16:36 24HR	NEWTON		Po	lice 1	Report		3		0		ngitude_			MBTA Police Other:		
		AT INTER	RSECTION	:	<	LOCA	TION :	>			N(T AT	INT	ERS	ECT	TON:		9
	EAST	BEACO	N ST															2
1	Route# Direct	tion	Name	of Roadway/Str	eet		Route# Direction	on A	ddres	s #		N	ame of I	Roadw	ay/Str	reet	_	2 10
	NOR'	TH LAKE A	AVE	At			Feet N	N S E	W	of -				or			_	
	Route# Direc	tion N	Name of Intersec	cting Roadway/S	treet			.1	1		Mil	e Marker			I	Exit Number	_	
			Also at In	tersection with			Feet		_		Rou	e#	Intersec	ting R	oadwa	ay/Street	-	11
$\begin{vmatrix} 2 \\ 1 \end{vmatrix}$	Route# Direct		Name of Inte	rsecting Roadwa	v/Street		Feet	N S E	W	of								3
3	_			<u> </u>	y/Street								La	ndmarl	k		\dashv	
	XVehicle1	3_#Occupants	Hit/Ru	ın Mo	ped Case	Number		1	190000	00796								
	License#		St_		e	Reg#	5350				Reg	Гуре_РА	N	R	eg Sta			
	Sex_F Lic. 0	Class D 18 1	Lic. Restrict		CDL Endorsment	Veh Ye	ear_2017	Ve	eh Ma	ke_TO	YOT	\		Veh	Confi	g. 20		
⁴ 2		LUND Last			Middle	Owner	(Same as open	rator)			First			Mic	idle		_	1 ¹²
	Address 32 IN	DIAN RIDGE F	RD			Addres	ss										-	
	City SUDBUR			· ·	<u>01776</u>	City_							State		_Zip		-	
	Insurance Com	pany COMMER	CE INSURAN	CE		Vehicle	e Action Prior to			1 21					,	cle Up to Thre	ee)	
5 1	Vehicle Travel	Direction: N	S E X	esponding to Er	nergency?	Event	Sequence 1 2		22	22	22	2	3	$\overline{}$	\ ⁴	40.77		
	Citation # (If Is	ssued)				Most I	Harmful Event	1 2			24	1 👉	9	$\left(\cdot \right)$	5	10 Undercarr 11 Totaled	ıage	
6	Violation	1: ChSec	Violat	ion 2: Ch	_Sec	Driver	Contributing Co	ode 2	1	24		9		7	$\mathcal{I}_{\mathbf{c}}$)		
⁶ 1		3: ChSec				Under	ride/Override	Z.		Towed	<u> </u>						Ш	12
	Please 1	fill out for opera st Middle)	ator and all oc	cupants involv	ed Address		Age/DOB	Sex	Seat Pos.	27 Safety A System	28 Airbag A Status S	29 irbag Eje witch Co	0 31 ct Trap le Code	32 Injury Status	Transp Code		ity	1 13
	Operator				ee Above					1	4	99 0	0	10	1			
	SJOLUND, ED	OGAR		32 INDIAN RIE SUDBURY, MA				M	3	1	4	99 0	0	10	1			
	SJOLUND, PE	TER		32 INDIAN RID SUDBURY, MA				M	6	1	4	99 0	0	10	1			
⁷ 2	Please Select C	one Name	2 <u>4</u> #Occup		M	1		5		1	.6	17.7	17					
	of the Followin	ng: Venicie			-Motorist A Tyj	pe	Action	Loc	cation			ndition			Hit/R	un Mop	ea	
	License#	18 1		MA DOB/A	ge	Reg#	2KA136				_Reg	Гуре_РА	N	R	eg Sta	MA 20	-	
	Sex_F_ Lic. (Class D	Lic. Restrict	ions 1	CDL Endorsment		ear_2017	Ve	eh Ma	ke_TO	YOT	1		Veh	Confi			
8 1	Operator SPE	Last	ANKE		Middle		SPENCER	t	JA	AMES	First			Mic	idle		-	
	Address 9 SAX						ss 9 SAXTON S	T						3.5.4			-	
	City NEWTO			State MA Zi	p_02461	City N	NEWTON									02461	-	
		pany_ALLSTAT					e Action Prior to		22	1 21		Damag 2	ed Area	Code	: (Circ	cle Up to Thre	e)	
	Vehicle Travel		S X W	Responding to E	mergency?		Sequence 1	2.					\bigcap	\overline{A}	了.	10 Undercarr	iage	
	Citation # (If Is						Harmful Event	1		24	24	•	9		5	11 Totaled		
		n 1: ChSe					Contributing Co	ode 2	1		(9	7	<u> </u>) 6			
١		n 3: ChSe ease fill out for				Under	ride/Override		Т	owed 27 Safety	28 Airbag	29 3 irbag Eje	0 31 ct Trap	32 Injury	33		\dashv	
ľ	Name (Last Fi	rst Middle)	operator and		Address		Age/DOB	Sex	Pos.	System	Status	Switch Co	ode Code	Status	Transp Code).	lity	
	•	Non-Motorist		S SAXTON ST	ee Above							99 0	0	10	1		_	
ľ	SPENCER, LUI	ISA	:	NEWTON, MA	02461			F	4	4	4	99 0	0	10	1		\dashv	
	SPENCER, MA	ARIE-SOPHIE		9 SAXTON ST NEWTON, MA	02461			F	9	4	4	99 0	0	10	1			
	SPENCER, JOI	HANNES		9 SAXTON ST NEWTON, MA	02461			M	6	1	4	99 0	0	10	1			

	ice Use Only		Commonwea										t Number
Date of Crash 08/02/2019	Time of Crash 16:36	City/To NEWTON	MIOTOI		icle Cr	ash	Num Vehic			eed Lim titude _			ate Police ocal Police IBTA Police
,.,	24HR				Report		3	0		ngitude.		- $ $ 0	ther:
	AT INTER	RSECTION:	<	LOCAT	TION	>		N	OT A	ΓINT	ERSI	ECT	ION:
Route# Direc	etion		Roadway/Street At	I	Route# Direct	ion A	ddress #	<u> </u>	N	lame of l	Roadwa	ay/Stre	eet
1				-	Feet	N S I	E W of		 le Markei		or		xit Number
Route# Direc	ction 1	Name of Intersection Also at Inter	=		Feet	N S I	E W of	1411	ic iviai kei	-		L.	Ait Number
1		Also at filter	section with				E W of	Ro	ite#	Intersed	cting R	oadwa	y/Street
Route# Direc	etion ———	Name of Interse	cting Roadway/Street			11 5 1	01			La	ndmarl	k	
W Vehicle 3	3 #Occupants	Hit/Run	☐ Moped Case							Lu	namar		
Venicies	#Occupants		_ r case	Number			1900000						
License#	18 1	St_M	19	_	7ZD841			Reg				-	20
Sex_M_ Lic.		Lic. Restriction	S CDL Endorsment		ear_2019						_Veh(Config	. 1
Operator API	Last MIDDLESEX RD	IRWIN First (apt. 1)	Middle		APPLEBAU 142 (apt. 1)		NIN ESEX R	Firs	1		Mid	ldle	
Address 142 N			te MA Zip 02467		ROOKLINE					G:	MA	7.	02467
'	npany_GOVT EM		Ite Zip_02407		e Action Prior	to Crosl	, [21					le Up to Three
	Direction:		onding to Emergency?		Sequence 1		1 2 22 22		2	3		4	
	(ssued)		onding to Emergency:		Harmful Event	1 2	23				A		10 Undercarria
1			2: ChSec		Contributing (19 24	24	•	9	4	5	11 Totaled
7			4: ChSec		ide/Override		v=1	wed Y	0	7		6	
		ator and all occu							29 Airbag Eje	30 31 ect Trap	32 Injury	33 Transp.	
Name (Last Fin			Address See Above		Age/DOB	Sex	Pos. \$ys	stem Status	switch Co	de Code	\$tatus 10	Code 1	Medical Facility
APPLEBAUM	, NINA		MIDDLESEX RD (apt 1)			F	3 1	4	99 0	0	10	1	
EPELBOYM, I	RENIAMIN	142	OOKLINE, MA 02467 MIDDLESEX RD (apt 1)			М	6 4	4	99 0	0	10	1	
		BR	OOKLINE, MA 02467					-)		10	-	
Please Select (One —		T_	1	4	15		16		17			
of the Followi	\/ehicle	e# Occupan	s Non-Motorist A Ty	ре	Action	Lo	cation	C	ondition		JU	Hit/Ru	ın Mope
License #	18 1	St		Reg#_				Reg	Type		R	eg Stat	e
Sex Lic.		Lic. Restriction	s CDL Endorsment		ear		eh Make	:			_Veh (Config	
Operator	Last	First	Middle	Owner	L	ast		Firs	t		Mid	ldle	
Address				Addres	ss								
City		Sta	teZip	City									
Insurance Con	npany												
Vehicle Travel	Direction: N	Event S	Sequence		22 22	22	2	3		4	10 Undercarria		
1	ssued)			Most Harmful Event Driver Contributing Code 24 Driver Contributing Code 25 8 7 6									
1			n 2: ChSec										
			n 4: ChSec occupants involved	Underr	ride/Override		Tov	wed 27	29 3	30 31 Frap	32	33	
Name (Last F	irst Middle)	. operator and all	Address		Age/DOB	Sex	Pos. Sy	fety Airbag stem Status	Airbag Eje Switch C	ode Code	Injury	Transp. Code	Medical Facili
Operator/	Non-Motorist		See Above										



Crash Narrative:

Operator of MV1 stated she was traveling Westbound on Beacon St. when she observed MV3 roll out into the intersection of Lake Ave. Operator of MV1 then stated she attempted to stop but didn't have enough time colliding with MV3 then MV2 as her vehicle was hit at an angle directing her vehicle into MV2. Operator of MV2 stated she was traveling Eastbound on Beacon St. when she observed MV3 roll out into the intersection. Operator of MV2 stated she attempted to slow down and stop but MV2 struck her vehicle from already being hit from MV3. Operator of MV3 stated he stopped at the stop sign on Lake Ave. then attempted to continue Northbound through the intersection. Operator of MV3 stated as he attempted to proceed through the intersection MV1 was flying down Beacon St. and collided with his vehicle.

(Continued or	n next page,							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	iption of Dama	ged Property	
	!		!					
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				
Truck and Bus Information:				ele Section)		Carrier Issu	ning Authority Co	35 de
								de
Carrier Name			City			St	Zip	de
Carrier Name Address US DOT #: 37	State Number		City			St	Zip	de
Carrier Name Address US DOT #: 37	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de

_	Direction 1	Vehicle 1	yehicle 2	₽ Pedestrian	
Crash Diagram:	ie: 🕕 🛚	→ [2	□ →	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					Off-Street Parking Lot
					Garage
					☐ Mall/Shopping Center
	 			+	☐ Other Private Way
				+	Indicate North by Arrow
	- — j — — — — j	<u>_</u>		+	
Crash Narrative:			1		-
No injuries. Newton Fire a	and medics respo	onded on scen	e and all part	ies involved	signed patient refusals.
Todys responded and towed	MV1 and MV2. MV	/1 sustained	substantial dr	ivers side an	nd left front end damage. MV
sustained substantial left	front end dama	age. MV3 sust	ained minor fr	ont end damag	ge. It should be noted as I
arrived on scene of the ac	ccident MV3 was	in the middl	e of the inter	section facin	ng Northbound as indicated in
the crash diagram. A tower	d motor vehicle	form was fi	lled out for b	oth vehicles	in regards and placed on file
All debris from the accide	ent was clear fr	rom the road	including the	bike lane.	
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statemen
Property Damage:		•			
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	iption of Damaged Property
Truck and Bus Information:				101)	
Carrier Name			(From Vehi	,	Carrier Issuing Authority Code 3
Address			City		St Zip
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth 39
Hazmat Information:					
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 digit #_	Release code 42
HISTIN MAPOU				AL BOLICE DEPARTS	00 log/2010
Police Officer Name (Please Print)	Signature			N POLICE DEPARTA artment	08/02/2019 Precinct/Barracks Date