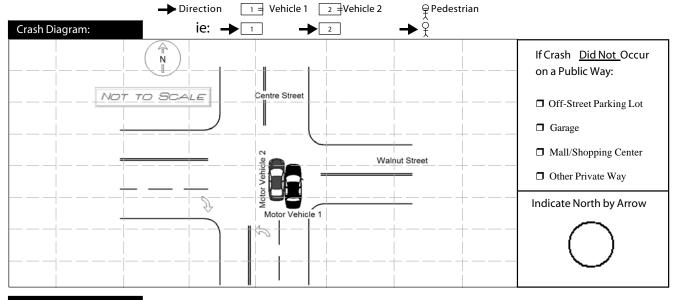
	Poli	ice Use Only		Commonwea	lth (	of Massa	achu	ısett	S		RM	V Docur	nent Number		
	Date of Crash 08/02/2019	Time of Crash 16:46	City/To	MIOTOL		icle Cra	sh	Numbe Vehicle		1 ^	eed Lim		State Police Local Police MBTA Police	N N	
		24HR				Report		2	0		ngitude_		_Other:		
		AT INTER	SECTION:	< 1	LOCA	TION	>		N	OT A	[ INT	ERSE	CTION:	2	
	NOR	TH CENTR	E ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ad	ldress #		N	lame of I	Roadway	/Street	2	
	EAST	WALNU				Feet [1	N S E	W of		 le Markei		or	Exit Number	_	
	Route# Direc	ction N	Name of Intersection Also at Inter	ng Roadway/Street	I	Feet 1	N S E	W of		ic iviarice	•		Exit (valide)		
2			Also at fine	section with					Roi	ite#	Intersec	ting Roa	dway/Street	3	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion —	Feet NSEW of									_			
3	XVehicle1	#Occupants	X Hit/Run	Moped Case	Number		10	90000079	7						
	_		St CC	1				,000007,5		- II	NIK		a NI	-	
	License # Sex_M Lic. 0	18 1	8	19	_	G90LKR ear_2019	37.1	I					State NJ 20	-	
4	Operator BRO		Lic. Restriction  DREW	CDL Endorsment FRANKLIN		EAN HOLDI						_ Veh Co	onfig	1	
<sup>4</sup> 3		Last DUCKHORN (	First	Middle		Las SS 14002 E 21ST	st	-	Firs			Middle	3	- <b>1</b>	
		ADO SPRINGS		ate CO Zip 80921		ΓULSA					State	OK ,	Zip 74134	_	
	,	pany UNKOWN			Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three							ree)			
5	1	Direction: X		oonding to Emergency? N	Event	Sequence 1	22 20 22		22	<b>e</b>	3		4		
1		ssued)				Harmful Event	20 23				9	<u> </u>	10 Undercar	riage	
	Violation	1: ChSec	Violation	2: ChSec	Driver	ا Contributing Co	ode :	1 24	24			$\sqrt{}$	5 11 Totaled		
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Tow	ed N	0	(	)	6		
	Please 1		ator and all occu	pants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag	29 Airbag Eje	30 31 ect Trap de Code	32 Injury Tra	33 ansp. ode Medical Facil	lity 1	
	Operator	st Wilddie)		See Above		Age/DOB		<b>1</b>	n Status :	99 0	0	\$tatus   Co 10   1			
											_				
7	Please Select C	)no —		1_		14 1	15		16		17				
2	of the Followi	I A I Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A Typ	ре	Action Location C					Condition Hit/Rur			oed	
	License#		St	DOB/Age	Reg # <u>9LE764</u> Reg Type					Type_P	PAN Reg State MA			_ ]	
	Sex_M_ Lic.	Class 99 18 1	Lic. Restriction		Veh Y	Veh Year_2007 Veh Make_TOYOTA						Veh Config. 20			
8 <b>1</b>	Operator <u>UN</u>	Last	UNKNOWN First	Endorsment UNKNOWN  Middle	Owner ALLMAN DESIREE  Last First Middle									_	
	Address UNK	UNK			Addre	ss 75 HARNES	S LANE	E						_	
	City UNK	City BRAINTREE State MA Zip 02184								_					
	Insurance Com	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)					
	Vehicle Travel	Event	Event Sequence 1 22 22 22 22 Q Q												
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriag  Driver Contributing Code 9 24 24 5 7 6							nage					
	Violatio	n 1: ChSe													
1	Violatio	Underride/Override Towed N													
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Seat Safety Pos. Syste	Airbag m Status	Airbag Eje Switch C	30 31 Frap ode Code	32 Injury Tra Status C	ansp. Code Medical Fac	ility	
	Operator/	Non-Motorist		See Above				99	4	99 0	0	99 1			



## **Crash Narrative:**

Motor Vehicle 1 (MV1) was traveling northbound on Centre St. at the intersection of Walnut St. when motor vehicle 2 (MV2), which was also traveling northbound on Centre St., attempted to go straight from the left turn only lane. MV2 then sideswiped MV1, running MV1 off the road and into the curb. The operator of MV1, Drew Brookins, stated that the operator of MV2 pulled over at first, but when traffic cleared, immediately got back into the car and left at a high rate of speed heading northbound on Centre St. Mr. Brookins attempted to follow MV2, and observed MV2 take a right onto Paul Street (eastbound), but was unable to continue to follow MV2, as MV1's front drivers side wheel was blown out as a result of colliding with the curb. MV1 sustained drivers side damage, as well as a blown out right drivers side tire. MV2 likely sustained moderated drivers side damage, and possibly damage to the rear bumper.

(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ged Property	
	•		•				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Truck and Bus Information:  Carrier Name			(From Vehic	ele Section)	Carrier Issui	ing Authority Cod	
Carrier Name			City		St	Zip	
Carrier NameAddressUS DOT #:			City		St	Zip	e
Carrier NameAddressUS DOT #:	State Number	38	City Issuing State	ICC #:_	St	Zip	e
Carrier NameAddressUS DOT #:Gross	State Number	38	City Issuing State	ICC #:_	St	Zip	e
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State Reg Year	ICC #: Tra	St	ZipInterstate	e

	Direction	1 =	Vehic	le 1	2 #Vehicle 2	Ē	Pedestr	ian		
Crash Diagram:	ie: 🗕	1		<b>→</b> [	2	<b>→</b> 9	F			
Crash Diagram:	ie: -				2				If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping C Other Private Wa	ng Lot Center
Crash Narrative:										
Mr. Brookins was able to g	et the lice	ense j	plate	of MV	2 (MA Reg.	9LE764	4), whi	ch com	es back to a female	
(Desiree Allman) out of Br	aintree. M	ır. B	rookin	s des	cribed the	operat	tor of	MV2 as	a white male with a	a
thin build, dirty blond ha	ir and scru	ıffy I	beard.	Dis	patch cont	acted I	Braintr	ee PD	who was able to prov	ride a
telephone number that is b	elieved to	be M	s. All	.man's	. I attemp	pted to	o cont	act Ms	. Allman, however,	the
number went directly to vo	icemail. I	[ lef	t a me	ssage	asking Ms	. Allma	an to c	all th	e NPD so that we cou	ıld find
out who was operating her	vehicle at	the	time c	of the	crash.					
mraffic Bureau Hedata (Off	i com Coudot	- \ .				_				
Traffic Bureau Update (Off										
On August 6, 2019, I attem			ntact	with	the registe	erea o	wner or	MV2,	Desiree Allman	
(Continued o	n next page	∍)								
Witnesses:			1							1.
Name (Last, First, Middle)			Addres	S					Phone #	Statement
Property Damage:			1							
Owner (Last, First, Middle)	Address				Phone #		34-Type	Descript	tion of Damaged Property	
Truck and Bus Information:  Carrier Name	Registration	n #			(Fro	m Vehicle			Carrier Issuing Authority Co	ide 35
Address										
					- ·					36
US DOT #:	State Number		38		Issuing Stat	e	ICC #:_		Interstate	
Cargo Body Type Code Gros	ss Vehicle Weigh	t							20	
Trailer Reg #:	Reg Type_		Reg	State _	Reg Y	ear	Tra	iler Leng	gth 39	
Hazmat Information:										
Placard 40 Material 1 digit #	Mate	erial Na	me			N	Material 4 o	ligit#	Release code	42
ALEXANDER COLETTI				2807	70	NEWTON B	OLICE DEPARTM		08/02/	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	_1	icle 1 2	≥ ≢Vehicle 2	₽ Pedestri	an	
Crash Diagram:	ie: →[	1	<b>→</b> [2	2	<b>→</b> ġ		
						If Crash on a Publ	Did Not_Occur ic Way:
						Off-Stre	eet Parking Lot
						☐ Garage	
						□ Mall/Sl	nopping Center
		_			+		rivate Way
		_					orth by Arrow
						(	)
		_					
Crash Narrative:			. 1 D :				
(S85529796), with a nega As of August 8, 2019, I							calls Ms
Allman had a hearing tod							
contact information.							
Witnesses							
Witnesses: Name (Last, First, Middle)		Addre	ess			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Pro	anartı.
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged Pro	pperty
				1			
Truck and Bus Information:	Registration #			(From	Vehicle Section)		35
Carrier Name						Carrier Issuing Au	
Address				City		St	Zip
US DOT #:	State Number			Issuing State _	ICC #:	Inte	erstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Re	eg State	Reg Yea	r Tra	iler Length 39	
Hazmat Information:							
Placard 40 Material 1 dig	it # 41 Materia	l Name			Material 4 d	ligit # Relea	ase code 42
ALEXANDER COLETTI			28070	) ,	IEWTON POLICE DEPARTM		08/02/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)