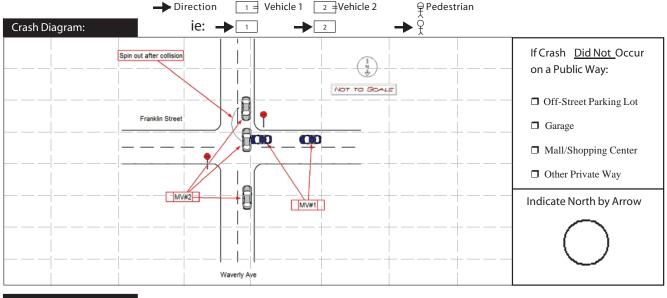
	Poli	ice Use Only		Common	wealth	of Mass	sach	use	tts			RM	V Doc	umen	t Number	
	Date of Crash 08/06/2019	Time of Crash 08:14	City/To NEWTON	own Mo	otor Vel	hicle Cr	ash			Numbe Injured		ed Limi		St L	tate Police ocal Police IBTA Police	□ Xi
	08/06/2019	08:14 24HR			Police	Report		2	neies	0		gitude_			IBTA Police ther:	
		AT INTER	RSECTION:	<	LOCA	ATION	>			NOT	AT	INT	ERSI	ECT	ION:	2
	EAST	Γ FRANK	CLIN ST													2
1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direc	tion A	ddress	; #		Na	me of I	Roadwa	ay/Stre	eet	_ 2 10
	SOUTH WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street					Feet	NSE	E W o	of		•		or			
						Foot N C F W of					Mile Marker Exit Numb					_
			Feet N S E W of Route# Inter						Intersec	ersecting Roadway/Street						
2 1				Feet NSEW of						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					
	Route# Direc	tion		Landmark								_				
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	r	:	190000	0805							
	License#		St_N	C DOB/Age	Reg	# FJW9860				Reg Ty	ne PAI	N	Re	o Stat	e NC	-
	Sex_F_ Lic.	18 1	8 Lic. Restrictio	19		Year_2008							Veh (20	
4		LLY Last		Endorsmer	nt	er (Same as or		cii iviai	.c							- 1
2	Address 671 S	Last ANDY BLUFF I	First OR SW	Middle		ress				First			Middle			
	City SUPPLY			tate_NC Zip 28462										7in		
		pany GENERAL			-	cle Action Prior			21					_ ^	le Up to Thre	
5	1	Direction: N		ponding to Emergency		t Sequence 1	22		22	22 2		3		4		
		ssued) T2015541		politing to Emergency		: Harmful Event		23				\square			10 Undercarri	age
				n 2: ChSec		er Contributing		4 2	4	24	←	9	$\left\langle \cdot \right\rangle$	5	11 Totaled	
⁶ 1	1			n 4: ChSec				(F)	 Forward	8\ Υ		7		6		
				upants involved	Olide	Underride/Override Towed Y Towed Y Seat Safety Airbag Eject Trap Injury Crabp. Medical Recility Aparton Sarety Safety								1:		
	Name (Last Fir		1	Address See Above		Age/DOB Sex 10s. System Status Switch Code Code Status Code						Medical Facilit	y 1			
	Operator			See Above			-		3 4	4	0	0	10	1	NONE	
⁷ 3	Please Select C of the Followi	IX Vehicle	22 <u>1</u> #Occupar	Non-Motorist	A Type	14 Action	15 Lo	cation	16	Cond	ition	17		Hit/Ru	ın Mope	ed
	License#		St_N		Reg	Reg # 4FJ122 Reg T					ype_PAN Reg State_MA			e_MA	.]	
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2003 Veh Make HONDA Veh Config. 1						1 20				
8 1	Operator RADOUCH LUCAS A Endorsment				nt Own	Owner BLACKSMITH LINDA								.		
1	Address 25 BREADMORE RD First Middle				Addı	Address 25 BREAMORE RD								.		
	City NEWTO	City	City_NEWTON State_MA Zip_02458								.					
	Insurance Company NORFOLK DEDHAM				Vehi	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								e)		
	Vehicle Travel Direction: N X E W Responding to Emergency?					Event Sequence 1 22 22 22 2 2 4										
	Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								age	
	Violatio	Drive	Driver Contributing Code 1 24 24 Underride/Override Towed N 8 7 6													
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Seat Safety Airbag Airbag Eject Trap				32 Injury	njury [Fransp.]					
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above	•	Age/DOB	Sex	Pos.	System 3	Status Swi	tch Cod	le Code	Status 10	Code 1	Medical Facili	ty
	Орегиюн			500 710000	-		+		1 4	+		0	10	-		-
							+		-		-					\dashv



Crash Narrative:

MV#2 was traveling south on Waverly Avenue when it was struck from Franklin Street by MV#1.

-Operator of MV#1 stated she was traveling east on Franklin Street and that she stopped at the intersection.

She stated as she was about to enter Waverly Avenue from Franklin Street and after checking to ensure she was clear to enter, she collided into MV#2. She stated he was flying up the road.

-Operator of MV#2 stated he was traveling south on Waverly Ave when he was struck by MV#1. Operator of MV#2 stated the collision spun his vehicle 180 degrees. He stated he was facing the direction he was just comming from. He stated he didn't think she (Operator of MV#1) stopped.

- I observed the front of MV#1 sustained heavy damage. The hood was bent in, the bumper was cracked and hanging, and fluids were leaking from the vehicle's engine. I next observed the damage to the doors on the

(Continued o	n next page)						
Witnesses:							
Name (Last, First, Middle)	Ad	ddress			Phone	2 #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property	
Truck and Bus Information: Carrier Name	Registration #			cle Section)	Carrier Is	ssuing Authority Coc	35 le
							le
Carrier Name			City		St	Zip	le
Carrier NameAddressUS DOT #:			City		St	Zip Interstate	le
Carrier NameAddressUS DOT #:	State Number		City Issuing State	ICC #:_	St	Zip Interstate	le
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Number		City Issuing State	ICC #:_	St	Zip Interstate	le
Carrier NameAddressUS DOT #: Gro Trailer Reg #:	State Number	Reg State	City Issuing State	ICC#:Tr	St	Zip Interstate	le

-	Direction 1	1 = Vehicle 1 2	≥ ≢Vehicle 2	Pedestriar	1	
Crash Diagram:	ie: →□	1 - 2	2 -	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parkin	ıg Lot
					☐ Mall/Shopping C	Center
					— — ☐ Other Private Wa	ıy
		<u> </u>			Indicate North by A	Arrow
		 -				
Crash Narrative:						
right side of MV#2. I obse	erved the base	of the doors	were pressed	in, those d	oors would not open and	the
tires were grinding agains	st the flared e	edges of the w	heelwells.			
- There were no injuries i	reported at the	scene, howev	er, both ope	rators were	checked by Ambulance 1.	Newton
Fire responded to scene to	contain the H	Mazmat spill f	rom MV#1. MV	#1 was towed	from the scene. OpMV#1	was
cited (T2015541) for Fail	Lure to come to	a Complete s	top at stop	sign. I tran	sported Operator of MV#1	
to Tody's towing from the	scene.					
Witnesses:		Address			Phone #	Statement
Name (Last, First, Middle)		Address			Priorie #	Statement
Property Damage:	T		T			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	36
US DOT #:	_ State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gro	oss Vehicle Weight	30			39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Traile	r Length	
Placard Material 1 digit	# 41 Material N	Name		Material 4 dici	it # Release code	42
riacaid Wateriai I digit	" Iviaterial I	vanic		iviaiciiai 4 digi	π π Release code	
DAVID A. CALDERON			NE	WTON POLICE DEPARTM	08/06/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)