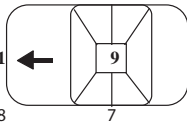
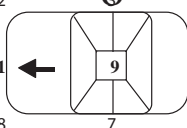


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/06/2019		Time of Crash 08:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div><div>EAST</div><div>FRANKLIN ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>WAVERLEY AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000805							
License # --- St NC DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator KELLY RHONDAJEAN Address 671 SANDY BLUFF DR SW City SUPPLY State NC Zip 28462 Insurance Company GENERAL AUTO INS Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) T2015541 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # FJW9860 Reg Type PAN Reg State NC Veh Year 2008 Veh Make VOLKSWAGON Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 									
Please fill out for operator and all occupants involved				13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- 3 4 4 0 0 10 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator RADOUCH LUCAS A Address 25 BREADMORE RD City NEWTON State MA Zip 02458 Insurance Company NORFOLK DEDHAM Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 4FJ122 Reg Type PAN Reg State MA Veh Year 2003 Veh Make HONDA Veh Config. 1 20 Owner BLACKSMITH LINDA Address 25 BREAMORE RD City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
Please fill out for operator and all occupants involved				13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1 NONE									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Franklin Street

Waverly Ave

Spin out after collision

NOT TO SCALE

MV#2

MV#1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

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 coming 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 on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DAVID A. CALDERON NEWTON POLICE DEPT 08/06/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

