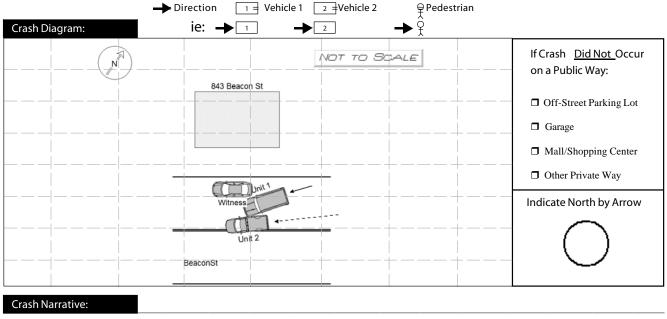
| Address 300 2ND AVE (apt. 1147) Address 300 2ND AVE (apt. 1147) City NEEDHAM Insurance Company SAFETY Vehicle Travel Direction: NSE Nesponding to Emergency? Citation # (If Issued) Violation 1: Ch_Sec_Violation 2: Ch_Sec_ Please fill out for operator and all occupants involved Last First Middle Address 43 JACKSON ST City NEWTON CENTRE State MA Zip 02459 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2 | | Poli | ice Use Only | | Commonwe | alth | of Mass | ach | uset | tts | | RM | V Doc | umen | t Number | | |
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| Rouse Direction | | | | | | | | > | | | | | | | | \dashv | |
| Rouge Direction Name of Roadway/Street Rouge Direction Name of Roadway/Street Prest N N N Name of Roadway/Street Prest N N N Name of Roadway/Street Prest N N N N N N N N N | | | | | | | | 0.1 | 2 | | | | | | | 2 | |
| Foot Name of Intersecting Roadway/Street Foot Name of Inte | 1 | Route# Direc | tion | Name of | Roadway/Street | | | | | | | | Roadwa | ay/Stre | et | - - | |
| Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet S E W d Routed Roadway/Street Feet S E W Routed Roadway/Street Feet Roadwa | 1 | | | | | | | NISIE | W of | | | • | or | | | 2 | |
| Also at Intersection with | | Route# Direc | Route# Direction Name of Intersecting Poodway/Street | | | | | N S E | 1 01 | | | | 01 | | xit Number | | |
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| License # - St MA DOB/Age Reg # SWC564 Reg Type PAN Reg State MA Set Lic Class Diss Lic Restrictions Dobe Case Number 190000888 | 2 1 | | | | | • • • • • • • • • • • • • • • • • • • • | | | | | | | | | | 4 | |
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| Sex E Lic Class D 18 18 Lic Restrictions 9 19 CDL Veh Year 2011 Veh Make HONDA Veh Config 2 2 2 3 4 Address 300 2ND AVE (apt. 1147) Northern | 3 | XVehicle1 | #Occupants | Hit/Run | ☐ Moped Cas | se Number | r | 1 | 900000 | 0858 | | | | | | | |
| Sex F Lic. Class D Lic. Restrictions 9 CDL Veh Year 2011 Veh Make HONDA Veh Config. 2 Operator AlTIDOR FARRAH Corporator AltiDor FARRAH State MA Zip 02494 City NEFDHAM State MA Zip 02494 City NEFDHAM State MA Zip 02494 City NEFDHAM State MA Zip 02494 Vehicle Action Prior to Crash 6 21 Vehicle Travel Direction: NS E Neeponding to Emergency? Citation # (if Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Direction: Sec Direction: NS E Neeponding to Emergency? Vehicle Action Prior to Crash 6 21 Vehicle Action Prior to Crash 6 21 Damaged Area Code: Circle Up to Three Most Harmful Event 1 2-3 Vehicle Action Prior to Crash 6 21 Vehicle Action Prior to Crash 6 21 Damaged Area Code: Circle Up to Three Most Harmful Event 1 2-3 Vehicle Action Prior to Crash 6 21 Vehicle Action Prior to Crash 6 21 Damaged Area Code: Circle Up to Three Most Harmful Event 1 2-3 Violation 3: Ch. Sec Violation 2: Ch. Sec Direction: NS E New Action Prior to Crash 6 22 Towed No. Sec N | | License# | | | A DOB/Age | _ Reg # | 8WG564 | | | Re | g Type_P | AN | Re | eg State | e MA | _ | |
| Address Althors FARRAH | | Sex_F_ Lic. | Class D 18 1 | | | _ Veh Y | Year_2011 | Ve | h Make | e_HOND | Α | | _Veh(| Config | . 20 | | |
| Address 30 2ND AVE (apt. 1147) City NFEDHAM State MA Zip 02494 City NFEDHAM Insurance Company SAFETY Vehicle Travel Direction: NSEN Responding to Emergency? Citation # (if Issued). Violation 1: Ch. Sec. Violation 2: Ch. Sec. Underride Override Please fill out for operator and all occupants involved Note Harmful Event Address 30 2ND AVE (apt. 1147) Address 43 ACROSON ST City NEWTON CENTRE State MA Zip 02459 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 23 24 Address 30 4 10 Undercarriage For the Contributing Code 1 24 24 Please fill out for operator and all occupants involved Address Age DOB Sea Soft Safety Area (2019) For the Contributing Code 1 24 24 Please Selection Operator Sea Above | 4 | Operator ALT | TIDOR | | | _ Owne | Owner MARCELLE SYLVESTRE | | | | | | | | | | |
| City NEEDHAM State MA Zip 02494 City NEWTON CENTRE State MA Zip 02459 Vehicle Cravel Direction: NS E X Responding to Emergency? Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Underride Override Please fill out for operator and all occupants involved Name (Late First Middle) State MA Zip 02459 Vehicle Action Prior to Crash First Models Address 7 By State MA Zip 02459 Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarriage Most Harmful Event 1 23 Driver Contributing Code 1 24 Priver | 1 | | | 147) | Middle | | | | | Fir | St. | | Mid | uie | | <u> </u> | |
| Vehicle Travel Direction: NSEX Responding to Emergency? Vehicle Travel Direction: NSEX Responding to Emergency? Citation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Direct Contributing Code 1 24 24 24 25 21 22 22 22 23 24 11 Totaled Please fill out for operator and all occupants involved Address Name (Last First Middle) Please fill out for operator and all occupants involved Address Name (Last First Middle) Please fill out for operator and all occupants involved Name (Last First Middle) Address Name (Last First Middle) Please Select One of the Following: SYLVESTER, FRITZ WALTHAM, MA NICOLE North Nort | | City NEEDHA | AM | St | ate_MA Zip_02494 | _ City_ | | | | | | | | | 02459 | | |
| Citation # (If Issued) | | Insurance Com | | | | | | 11 D 14 C 1 (C' 1 H (TIL) | | | | | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24 24 24 24 24 24 24 24 24 24 24 24 | 5 | Vehicle Travel | Direction: N | S E X Resp | oonding to Emergency? | _ Even | Event Sequence 1 22 22 22 2 3 4 | | | | | | | | | | |
| Violation 1: Ch. Sec. Violation 2: Ch. Sec. Driver Contributing Code Violation 3: Ch. Sec. Violation 4: Ch. Sec. Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex. Soc. Soc. Soc. Soc. Soc. Soc. Soc. Soc | | Citation # (If I | ssued) | | | Most | Harmful Event | 1 2 | 3 | | 04 | . \ 9 | $ \cdot $ | | | age | |
| Please fill out for operator and all occupants involved AgeDOB Sex | | Violation | 1: ChSec | c Violation | 2: ChSec | Drive | er Contributing C | ode | 1 24 | 24 | | | $\sqrt{}$ | | 11 Totaled | | |
| Operator See Above S | ⁶ 1 | Violation | 3: ChSec | c Violation | 4: ChSec | Unde | Underride/Override Towed N | | | | | | | | | | |
| Operator | | | | ator and all occu | | | 26 27 28 29 30 31 32 33 34 35 35 35 35 35 35 | | | | | | Medical Facilit | , 1 | | | |
| Please Select One of the Following: Wehicle 2 1 # Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped License # St MA DOB/Age Reg # 8EKT80 Reg Type PAN Reg State MA Sex F Lic. Class D 8 18 Lic. Restrictions 9 19 CDL Veh Year 2014 Veh Make DODGE Veh Config. 2 Operator VAIL NICOLE Endorsment Owner (Same as operator) Address 7 BURLINGTON ST Address City BURLINGTON State MA Zip 01803 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 20 0 10 Undercarriage State Nost Harmful Event 1 23 | | | | | | | | | | | | | | | | | |
| of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type | | SYLVESTER, | FRITZ | II | | | | M | 3 9 | 9 4 | 99 0 | 0 | 10 | 1 | | | |
| of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type | | | | | | | | | | | | | | | | | |
| of the Following: Wehicle 2 1 #Occupants Non-Motorist A Type | | | | | | | | | | | | | | | | | |
| License # — St MA DOB/Age — Reg # 8EKT80 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Veh Year 2014 Veh Make DODGE Veh Config. 2 20 Operator VAIL NICOLE Endorsment Address 7 BURLINGTON ST Address 7 BURLINGTON State MA Zip 01803 City State Zip Insurance Company COMMERCE Vehicle Travel Direction: N S E N Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2 | 7 1 | | I A I Venicia | e2 <u>1</u> #Occupan | ts Non-Motorist A T | Type | | | cation | 16 | Condition | 17 | | Hit/Ru | n Mope | ed | |
| Sex_F_Lic. Class D | | | | _{St} M | A DOR/A co | Dog # | Pag # 8EKT80 | | | | | Reg Type PAN Reg State | | | | - | |
| Operator VAIL NICOLE | | 18 18 19 | | | | | | | | | | | | 20 | | | |
| Address 7 BURLINGTON State MA Zip 01803 City State Zip Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: NSE Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2 | 8 | Endorsment | | | | | | | | | | | | | | | |
| City BURLINGTON State MA Zip 01803 City State Zip Insurance Company COMMERCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 22 20 0 0 10 Undercarriage Citation # (If Issued) Most Harmful Event 1 23 10 Undercarriage Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24 1 1 1 Totaled Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | 1 | Last First Middle | | | | | Last First Middle | | | | | | | | | | |
| Insurance Company COMMERCE Vehicle Travel Direction: NSEX Responding to Emergency? Event Sequence 1 22 22 22 22 22 22 22 22 22 20 3 10 Undercarriage Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 99 24 24 | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: NSEN Responding to Emergency? Event Sequence 122 22 22 22 22 22 22 22 22 22 22 22 22 | | • | | | | | Developed Asso Codes (Circle He to Those) | | | | | | | | | e) | |
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| Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Ag | | Violation 3: ChSecViolation 4: ChSec | | | | | | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility | | | | operator and all | * | | | | 26 Seat Sa | 27 28 afety Airbag | 29 Airbag E | 30 31 ject Trap | Injury | 33 Transp. | | \dashv | |
| | | | | | | | | Sex | Pos. S | ystem Statu | s Switch C | Code Code | Status | Code | Medical Facili | ty | |
| | | 1 | | | | | | | - | | | | | | | \dashv | |
| | | | | | | | | | \dashv | | | | | | | \dashv | |
| | | | | | | | | | \perp | | + + | | | | | \dashv | |



Mv#1 operator states she was pulling out forward W/B from a parallel marked parking space in front of 843

Beacon St. #1 states she was about half way into the travel lane coming out of her turn to proceed straight ahead. #1 states at this time, she was struck on her driver's side front end that took off the bumper by Mv#2 that was travelling past her at a high rate of speed from behind straight ahead on Beacon St W/B. #1 operator further states #2 had crossed over the double yellow line to drive around her as she was out into the travel lane.

Mv#2 operator states she was travelling on Beacon St W/B and was struck on her passenger side by #1 as #1
was pulling out of the parking space. I observed the initial contact damage on #2 on its passenger side rear
door running down to the front of the passenger side wheel well and passenger side rear tire (tire wall

(Continued on next page)

| Witnesses: | | | | | | | | |
|-------------------------------|------------------|------------|---------------|--------------|--------------|-------------------|-------------------|-----------|
| Name (Last, First, Middle) | | Address | | | | Phone # | | Statement |
| ROBERTSON , AMY, | | , | | | | | | N |
| | | | | | | | | |
| Property Damage: | | · | | T. | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Desc | cription of Damag | ged Property | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | ele Section) | | | | 35 |
| Carrier Name | | | | | | Carrier Issui | ing Authority Cod | |
| Address | | | City | | | St | Zip | |
| US DOT #: | State Number | | Issuing State | ICC #:_ | | | _ Interstate | 36 |
| Cargo Body Type Code 37 Gros | s Vehicle Weight | 38 | | | | 20 | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer L | Length 39 | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | | Material 4 | digit # | ŧ | Release code | 42 | | |
| | | | | | | | | |

| | → Direction | 1 = | Vehicle 1 2 | ≠Vehicle 2 | ₽Pedestri | an | | |
|----------------------------------------------|----------------------|--------------------|---------------|-----------------|---------------------|-------------------|----------------------------------------------|-----------|
| Crash Diagram: | ie: → [| 1 | 2 | _ | → ĝ | | | |
| | | | | | | | f Crash <u>Did Not</u> (on a Public Way: | Occur |
| | | _ _ | | | | | ☐ Off-Street Parking | g Lot |
| | | | | | | | ☐ Garage | |
| | į | į | į | į | | | ☐ Mall/Shopping Ce | enter |
| | - — — — — — - | — - | +- | +- | | | ☐ Other Private Way | 7 |
| | - — — — — - | _ - | | + | | . — — — — | ndicate North by A | rrow |
| | · — — — · — · — · | - | <u>+</u> | + + | | | | |
| | | | | | | | | |
| Crash Narrative: | rt) When #2 one | arat | or was asked | d if she aro | ssed over t | the double v | ellow line #2 | |
| replied only after the | | | | | | | | |
| After statements were re | eceived from bo | th o | perators and | d at the con | clusion of | this invest | igation, a wit | ness |
| identified herself on so | cene. The witne | ss s | tated she wa | as sitting i | n her drive | er's seat in | her parked Mv | |
| directly in front of #1. | . Witness state | d sh | e observed | #1 pull out | from behind | d her into t | he travel lane | • |
| Witness stated #1's from | nt end had almos | st f | fully reached | d her driver | 's side doo | or before #2 | made impact. | |
| Based on statements and | witness stateme | ents | and it appo | ears #2 oper | ator did no | ot see #1 en | ter the roadway | y until |
| the last second before | impact by overc | orre | cting and e | ntering the | opposite la | ne of trave | 1. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| W itnesses: Name (Last, First, Middle) | | | Address | | | Pho | ne # | Statement |
| Nume (Lust, First, Middle) | | | ridaic33 | | | 1110 | TIC # | Statement |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: Owner (Last, First, Middle) | 0 d duoso | | | Phone # | 24 Tura | Description of De | and Dunnants. | |
| Owner (Last, First, Middle) | Address | | | Phone # | 34-Type | Description of Da | imaged Property | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | | (From V | ehicle Section) | Carrier | Issuing Authority Cod | e 35 |
| Address | | | | City | | St | Zip | |
| US DOT #: | State Number | | | _ Issuing State | ICC #: | | Interstate | 36 |
| Cargo Body Type Code 37 | Gross Vehicle Weight | | 38 | | | | | |
| Trailer Reg #: | Reg Type | | Reg State | Reg Year_ | Tra | iler Length | 39 | |
| Hazmat Information: | 41 | | | | | | _ | 42 |
| Placard Material 1 di | git # Materia | l Nan | ne | | Material 4 d | igit # | Release code | |
| ADAM D GABRIEL | | | 25117 | NE | WTON POLICE DEPARTA | | 08/21/20 | 119 |

ID/Badge #

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

Signature