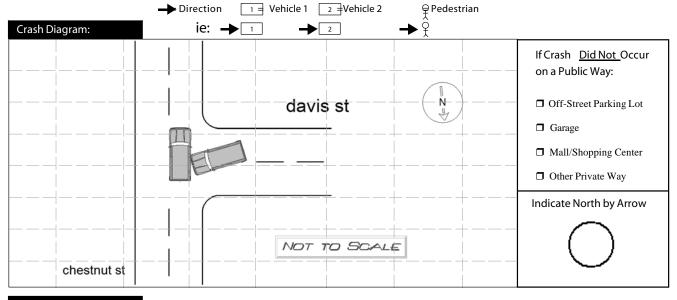
	Poli	ice Use Only		Commonwea	lth o	of Mas	sac	huse	etts			RM	V Doo	cumen	t Number	
	Date of Crash 09/03/2019	Time of Crash 10:04	City/To	wn Motor	Veh	icle Cr	ash	Nu Ve	mber hicles	Nun Inju		eed Lim		Si L	tate Police ocal Police IBTA Police	N N
	09/03/2019	24HR	NEWTON			Report		2		0		ngitude		O	ther:	
		AT INTER	SECTION:	< I	LOCAT	ION	>			N	OT A	ΓΙΝΤ	ERS	ECT	ION:	
	SOU	TH CHEST	NUT ST													2
1 1	Route# Direc	tion		Roadway/Street		Route# Dire	ction	Addres	ss #		N	lame of I	Roadw	ay/Stre	eet	
	At EAST DAVIS ST					Feet NSEW of or									. _	
	Route# Direc		Vame of Intersectin	g Roadway/Street						Mil	le Marke	r		Е	xit Number	_
			Also at Inters	ection with	-	Feet	N S	EW	of	Rou	ite#	Intersed	cting R	Roadwa	y/Street	-
2 1					-	Feet	N S	EW	of				Ü		•	3
	Route# Direc	tion	Name of Intersec	ting Roadway/Street								La	ndmar	k		_
3	XVehicle1	4_#Occupants	Hit/Run	Moped Case N	Number			19000	00907							
	License#		St MA	DOB/Age	Reg#	2TJ549				Reg	Type_P	AN	R	eg Stat	e MA	
	Sex_F_ Lic.	18 1		19	_	ear 2016									20	
4	Operator BAI		MAKAYLA	Endorsment		YANAGI			1ELIS	SA					,-	1
2		Last ELEGRAPH ST (First apt. 1)	Middle	Addres	65 LENOX	Last ST			First			Mi	ddle		
	City S. BOSTO			te MA Zip 02127	City NEWTON State MA Zip 02465											
	Insurance Com					Action Prior	to Cr	ash	1 2						le Up to Thre	e)
5	1		X E W Resp	onding to Emergency? N	Event S	Sequence 1	22	22	22	22	2	•)	4		
		ssued)		0 0 ,		Harmful Even	\vdash	23					A)_	10 Undercarri	age
	,	,		2: ChSec		Contributing	_	1	24	24	1	9		5	11 Totaled	
⁶ 1	Violation	3: ChSec	Violation	4: ChSec		ide/Override		25	Towe	1 Y	8	7		6		
	Please fill out for operator and all occupants involved							_		28 Airbag	29 Fig	30 31 ect Trap	32 Injury	33 Transp.		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos.		Status 3	Switch Co	de Code	\$tatus	Code 1	Medical Facilit	<u> </u>
	YANAGI, MA	7	65 1	LENOX ST			м	4	4		1 0	0	10	1		
	TANAGI, MA	L		WTON, MA 02465 LENOX ST			IVI	*	4	2	1 0	0	10	1		
	YANAGI, JAC	CK		WTON, MA 02465			M	9	4	2	1 0	0	10	1		
	YANAGI, BLA	AKE		LENOX ST. WTON, MA 02465			M	6	4	2	1 0	0	10	1		
⁷ 3	Please Select C of the Followi	I A I Venicle	2 <u>1</u> #Occupant	Non-Motorist A Type	e 1	4 Action	15	Location		16 Co	ondition	17		Hit/Ru	ın Mope	ed
	License#		St_M		Reg # 7JW892 Reg Type_F						Type_P	AN	R	eg Stat	e_MA	.]
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Ye	Veh Year 2019 Veh Make MAZDA							Veh Config. 20			
⁸ 2	Operator PRISTIN OLGA Last First Middle				Owner PRISTIN DMITRY Last First Middle									.		
	Address 16 TADMUCK RD				Addres	16 TADM	UCK F	RD.		First			MI			
	City WESTFORD State MA Zip 01886				City WESTFORD State MA Zip 01886								01886			
	Insurance Company SAFETY				Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2 2											
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled								age			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 24 24 5 11 Totaled										
		Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
			operator and all	occupants involved			T	26 Seat	27 Safety	28 Airbag	29 Airbag Eje	30 31 Trap	32 Injury	33 Transp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist]	Address See Above		Age/DOB		Pos.	System 1	Status 4	Switch C	ode Code 0	Status 10	Code 1	Medical Facili	ity
	*															
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Crash Narrative:

ON 9-3-19 AT APPROX. 1004HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHESTNUT ST AND DAVIS I TALKED TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING. S-BOUND ON CHESTNUT. AS SHE PASSED DAVIS ST. SHE WAS HIT IN THE RIGHT SIDE BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES SHE WAS TRAVELING E-BOUND ON DAVIS. WHEN SHE SAW AN OPENING SHE ACCELERATED BUT DID NOT SEE VEHICLE #1. WHEN SHE DID SEE VEHICLE #1 SHE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD RIGHT SIDE DAMAGE AND RIGHT SIDE AIRBAG DEPLOYMENT. VEHICLE WAS TOWED BY TODYS. VEHICLE #2 HAD FRONT RIGHT SIDE DAMAGE AND WAS TOWED BY TODYS. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. VEHICLE #1 OWNER (MELISSA YANAGI) ARRIVED ON SCENE TO PICK UP HER CHILDREN AND TO SIGN THE PATIENT REFUSALS. CLEARED WITHOUT FURTHER INCIDENT.

Witnesses:								
Name (Last, First, Middle)	Address				Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Address	Phone # 34-Type Des				ption of Damag		
Truck and Bus Information:								
	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issui	ing Authority Cod	le
Address			City			St	Zip	
US DOT #:	Stata Numban		Issuina Stata	ICC#			Interestate	36
	State Number	38	_ Issuing State	ICC #				
Cargo Body Type Code Gross	s Vehicle Weight	36						
Trailer Reg #:	Pag Tupa	Pag Stata	Pag Vant	т.	milar I ar	39		
	Keg Type	Reg State	Reg Teal	11	allei Lei	igui		
Hazmat Information:							_	
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#_		Release code	42

THOMAS P WALSH		NEWTON POLICE DEPARTM	09/03/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date