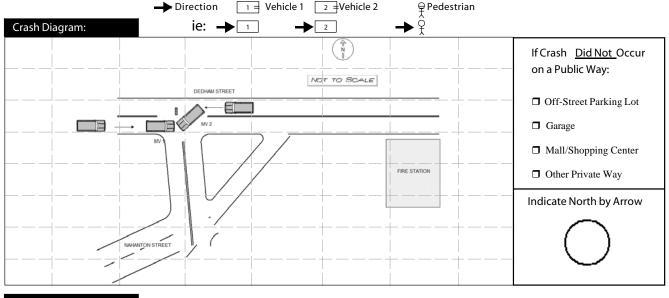
	Poli	ice Use Only		Com	monwea	lth (of Massa	achi	uset	tts			RMV I	Docume	ent Number		
	Date of Crash 09/09/2019	Time of Crash 05:17	City/ NEWTON	Γown			icle Cra	sh	Num Vehic		mber jured	Latitu	Limit <u>2</u> de		State Police Local Police MBTA Police	XI	
		24HR					Report		2	0			tude		Other:	$\overline{}$	
		AT INTER	RSECTION	•	< I	LOCA'	HON	>		N	OT	ATI	NTEI	RSEC	ΓΙΟN:	-	2
	EAST	Г DEDH.	AM ST													ŀ	_
1 4	Route# Direc	etion	Name	of Roadway/Stre	eet		Route# Direction	on A	ddress :	#		Nam	e of Roa	adway/St	reet		2
	WES	T NAHA	NTON ST	At			Feet N	N S E	w of			_ • .	or			_	
	Route# Direc		Name of Intersec	ting Roadway/St	reet						lile Ma	rker			Exit Number		
			Also at In	tersection with			Feet N	N S E	W of		oute#	In	tersectin	ng Roady	vay/Street	-	
²							Feet [N	N S E	W of		Jule.			.g reducti	ray, Bareer		3
	Route# Direc	tion	Name of Inter	secting Roadway	//Street								Land	mark			
3	XVehicle 1	_1_#Occupants	Hit/Ru	n Moj	ped Case I	Number		1	900000	1922							
	License#		St ¹	MA DOB/Age		Dog#	18349			D.a	a Tuna	PAR		Dog St	ata MA		
	Sex_F_ Lic.	18 1	18	19	CDL	_	ear 2014							-	20	-	
4			Lic. Restricti	ons 1 C	Endorsment									en Cont	ıg	ŀ	
⁴ 3	Operator KA	Last ELWYN RD	First		Middle		(Same as open	t		Fi				Middle		- [1
	Address 70 SE			MA	00450		SS									-	
	City NEWTO					City_										_	
-	1	npany COMMER				Vehicl	e Action Prior to		1			maged		ode: (Cii 4	rcle Up to Thr	ree)	
5 1	Vehicle Travel	Direction: N	S X W	esponding to Em	nergency? N	Event	Sequence 1 2	22 2		2 22	2		3	7			
	Citation # (If I	ssued)				Most I	Harmful Event	1 23			.0∢	⊢	9	5	10 Undercari 11 Totaled	riage	
	Violation	1: ChSe	c Violati	on 2: Ch	Sec	Driver	Contributing Co		1 24	24			\Box	إللا			
⁶ 1	Violation 3: ChSec Violation 4: ChSec						Underride/Override 25 Towed N 7 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Sa Pos. Sy	27 28 afety Airba stem Statu	29 Airbag	30 Eject Code	31 Frap Inj Code Sta	32 Trans atus Code	3 p. Medical Facil	ity	1
	Operator			Se	ee Above				1		4			0 1	Wedleaf Facility	,L	
4	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occup	ants Non-	Motorist A Typ	e 1	Action 1	Loc	ation	16	Conditi	on	17	Hit/F	Run Mor	oed	
	License#St MA_ DOB/Age					Reg # 7EK222				Re	Reg Type PAN			Reg State_MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL												20	_			
8	Operator COLON MARIE Endorsment					Veh Year_2010 Veh Make 14355444 Veh Config. 2 Owner _(Same as operator)											
1	Last First Middle Address 82 PROVIDENCE ST (apt. 1)					Last First Middle									_		
	City HYDE PARK State MA Zip 02136					Address City State Zip									-		
	Insurance Company ARBELLA INSURANCE					11 D 14 C 1 (C 1 H (TI)									- l		
						venicie Action Prior to Crasti 4									/		
					Event Sequence 1 10 Undercarriage								riage				
	Citation # (If Issued)					Most Harmful Event 1 9 5 11 Totaled								-			
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec					Driver Contributing Code 4											
						Under	ride/Override		To	wed N	-	20	21				
	Pl Name (Last Fi	ease fill out for	r operator and	all occupants in	nvolved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 afety Airba system Stati	g Airbag is Switch	30 Eject Code	31 Trap Inj Code S	32 33 ury Trans tatus Cod	p.	ility	
	Operator/	Non-Motorist		Se	e Above				1	4	4	0	0 1	0 1			
	1						1	1 1	- 1		1	1	1 1	- 1	1		



Crash Narrative:

On Monday 9/9/19 at approximately 0517 hours while assigned to n499 I was dispatched to the intersection of Dedham and Nahanton Street for a report of a Motor Vehicle Crash.

Upon arrival I spoke with the operator of MV1, KAUFMAN Judith, who states that she was travelling eastbound on Dedham Street approaching the traffic light at the intersection of Nahanton Street that was displaying a green light. Kaufman states as she attempted to proceed through the green signal MV2 turned into her lane attempting to make a left turn causing MV1 to strike MV2.

MV2 Operator, COLON Marie, states she was travelling Westbound on Dedham Street attempting to turn left onto
Nahanton Street. she states the traffic signal displayed a green light with a flashing yellow left turn
signal. She attempted to turn left and proceeded into the path of MV1 causing the crash between MV1 and

(Continued on next page)

(Continued of								
Witnesses:								
Name (Last, First, Middle)	Address			Phone #				
Property Damage:				_				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damaged	d Property	
Truck and Bus Information:	Registration #		,					35
Carrier Name					Ca	arrier Issuing	Authority Cod	e
Address			City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			Г	39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	37		
Hazmat Information:					_			
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#	R	delease code	42

	Direction	1 dehicle 1	2 #Vehicle 2	子 Pedestr	ian	
Crash Diagram:	ie: →□	→ □	2	→ Ŷ		
Crash Diagram:	ie: →				If Cr on a	rash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way cate North by Arrow
MV2.			,			
	and hatt!!		6.	- +b '		
Neither party was injured	and both vehic	tes were driv	ven away iron	u tne crash		
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 V	Vehicle Section)		
Carrier Name	_				Carrier Issu	ing Authority Code 35
Address			City		C+	7in
Address			-			36
US DOT #:	_ State Number		Issuing State	ICC #:_		_ Interstate
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
 Trailer Reg #:	Reg Type	Reg State	Reg Yest	Tr	ailer Length	
Hazmat Information:	10g 1ypc	Reg state	Reg Teal	116	or Longui	
40	41					42
Placard Material 1 digit	# Material N	Name		Material 4 o	ligit #	Release code
	·					
ALAN JR RICHARD SOLOMAN.			N	EWTON POLICE DEPARTM		09/09/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)