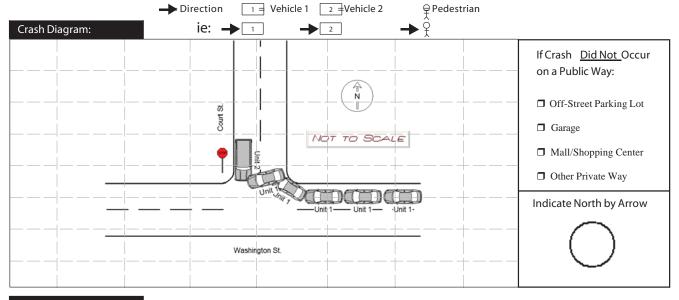
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	setts	,		RM	V Docu	ment Number	r	
	Date of Crash 09/17/2019	Time of Crash 18:25	City/Tov NEWTON	MIOTOI		icle Cra	sh	Number Vehicles		ed Lat	ed Limi		State Police Local Police MBTA Police	∑	
		24HR				Report		2	0		ngitude_		Other:		
		AT INTER	RSECTION:	<]	LOCA	HON :	>		NO	TAT	INT	ERSE	CTION:		2
	sou	TH COURT	ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Add	lress #		Na	ame of I	Roadway	//Street		2 ¹⁽
	16 EAST	WASHI	INGTON ST			Feet N	N S E V	W of	— — Mile	 Marker	• —	or	Exit Number		
	Route# Direc	tion N	Name of Intersecting	·		Feet N	N S E V	W of	Wille	Marker			Exit Number		
2	1		Also at Inters	ection with				_	Route	#	Intersec	ting Roa	adway/Street	- -	3 ¹¹
2 1	Route# Direc	tion	Name of Intersec	ting Roadway/Street		Feet [N S E V	w of							<u>3</u>
											La	ndmark		\dashv	
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		190	00000956							
	License#		St_MA		Reg#	64G720			RegT	ype_PA	N	Reg	State MA	_	
	Sex_M_ Lic.	Class D 18 1	Lic. Restriction	CDL	Veh Y	ear_2019	Veh	Make_H	ONDA			_ Veh Co	onfig. 20		
⁴ 2	Operator LI	Last	KIN First	Endorsment W Middle	Owner	(Same as oper	rator)		First			Middl	e	_	1 12
	Address 20 CI	HANDLER PL				ss								_	_
	City NEWTO	N	Sta	te_MA Zip_02464	City _						State		Zip	_	
	Insurance Company SAFETY				Vehicle	e Action Prior to	Crash	97	21	Damage	ed Area	Code: (Circle Up to Tl	hree)	
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22	22	22)	3		4		
	Citation # (If I	ssued)			Most I	Harmful Event	1 23			_	9	$\langle \rangle$	10 Underca 5 11 Totaled	~	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co	ode 6	24	24) IT Totaled		
⁶ 1	Violation 3: ChSec Violation 4: ChSec					ride/Override	25	Towe	d_N_ 8	3	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					A (DOD	Sex Po	26 27 eat Safety	28 Airbag Ai	29 3 rbag Ejec	0 31 Et Trap	32 Injury Tr	33 ransp.		13 1
	Operator	st Middle)		Address See Above		Age/DOB			Status \$w		e Code 0	\$tatus C 10 1	ode Medical Fac	cility	_
											+				
7															
3	Please Select C of the Followi		2 <u>1</u> # Occupant	Non-Motorist A Typ	pe 1	Action 1	Locat	tion	Con	dition	17	Пн	it/Run Mo	oped	
			St_MA	DOP/A go	Pag#	8WH577			Род Т	vno PA	N	Pag	State MA	_	
	_ 18 18 19					21						<u> </u>			
8	Sex_F Lic. Class D Lic. Restrictions 1 CDL Operator STAKE KELSEY Endorsment				Veh Year 2018 Veh Make JEEP Veh Config. 2 Owner USB LEASING LT								'		
⁸ 1	Address 146 CHAPEL ST First Middle				Address 679 BOX								_		
	City NEWTON State MA Zip 02458				City WILMINGTON State OH Zip 45177								_		
	Insurance Company COMMERCE					Damaged Area Code: (Circle IIn to Three)								hree)	
	Vehicle Travel Direction: N X E W Responding to Emergency? N					22 22 22 22 3 4									
	Citation # (If Issued)				Most Hampful Front 23							~			
	, , , , , , , , , , , , , , , , , , ,					Most Harmful Event 1 1 5 11 Totaled Driver Contributing Code 1 24 24 1 5 11 Totaled									
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override Code 1									
	Please fill out for operator and all occupants involved					TIGO O VETTUE			28 Airbag Ai	29 30	0 31 Trap	32	33		
	Name (Last Fi	rst Middle)		Address		Age/DOB	Sex F	os. Syster	n Status S	witch Co	de Code	Status (cansp. Code Medical Fa	acility	
	Operator/	Non-Motorist		See Above				1	4 4	0	0	10 1	L		
										\perp					



Crash Narrative:

At approximately 1825HRs on Tuesday, September 17, 2019, I was dispatched to the intersection of Washington St. at Court St. for a report of a two car crash with minor injuries. Upon arrival, I spoke with the operator of motor vehicle 1 (MA Passenger: 64G720), who stated through a third party interpreter, that he was driving "on the big road (Washington St. Westbound) and was hit." The operator of motor vehicle 2 (MA Passenger: 8WH577), stated that she was traveling southbound on Court St. and stopped at the stop sign with the intent to make a left hand turn onto Washington St. (eastbound). At this time, she observed motor vehicle 1 traveling towards her with its right hand turn signal activated to take a right hand turn on Court St. (northbound). Motor vehicle 1 began to execute said turn, but as it was partially on Court St., changed directions and began to again attempt to travel westbound on Washington St., striking

(Continued o	n 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 Vehi	cle Section)	
				Carrier Issuing Authority Code 35
Carrier Name				Carrier Issuing Authority Code
				Carrier Issuing Authority Code St Zip
Carrier Name		City		Carrier Issuing Authority Code St Zip
Carrier NameAddressUS DOT #:		City		Carrier Issuing Authority Code St Zip Interstate 36
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight 38	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Interstate 39
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight 38	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Interstate 39

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPARTM		09/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚	→	2	PΫ́			
Crash Diagram:	Ie: -> 1			► X 		If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot enter
						\bigcirc	
Crash Narrative:							
motor vehicle 2 as it was a	at the stop sid	gn. Motor veh	icle 1 sustai	ned damag	e to its fro	ont right bumpe	r area.
Motor vehicle 2 sustained of							
uninjured. The operator of			-	-			
Newton Medics. Both vehicle	es left the sc	ene under the	er own power	and I cl	eared withou	it incident.	
Witnesses:		1					1-
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:	T						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	amaged Property	
Truck and Bus Information: Carrier Name			(From Ve	ehicle Section)	Carrier	Issuing Authority Code	35 e
Address			City		C+	Zip_	
			•				36
	State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:	- 5 51						
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4	lioit #	Palansa anda	42
	Iviateriai i			Wateriai 4 C		Kelease code	
	Material IV			Wateriai 4 C		Kelease code	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)