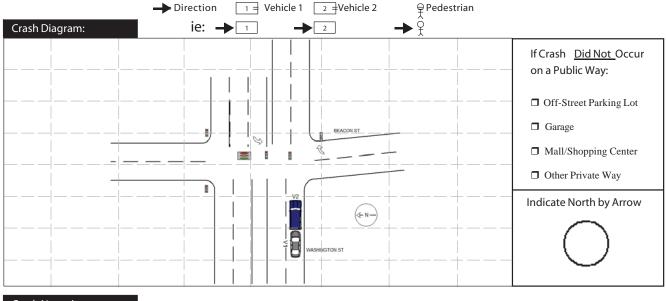
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	\$		RM	V Docu	ıment N	umber	
	Date of Crash 09/21/2019	Time of Crash 15:24 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limi itude _ ngitude_		State Loca MBT Othe	Police l Police A Police r:	
			SECTION:		LOCA		>						CTIO	N:	—
	16 EAST	г WASHI	INGTON ST												2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			Roadway/Street		Route# Direction	on Ad	ldress #		N	ame of I	Roadway	y/Street		- 2 10
	At BEACON ST					Feet NSEW of or									
	Route# Direc	Mile Marker Exit Num							Number	_					
		Feet N S E W of Route# Intersecting Roadway/							adway/S	treet	11				
2 1	Route# Direc	tion	Feet NSEW of									2			
3			Name of Intersec	Landmark										┥ .	
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Case	Number		19	900000966	i						_
	License#	18 1	St MA	DOB/Age	Reg#	39WS51			Reg	ype_PA	.N	Reg	g State_N		
	Sex_M_ Lic.	Class D 16 1	Lic. Restrictions		Veh Year 2016 Veh Make MAZDA Veh Config. 1 20										
⁴ 3	ll .	Last	First	V Middle	Owner	(Same as open	rator)		First			Midd	le		1 12
		EMENWAY ST (Addres	SS									
	City BOSTON			e_MA Zip_02115											
	1		C DED MUTUAL)
5 1				nding to Emergency? N	Event	Sequence 1	22 22		22		3		4	TT 1	
		ssued) T1444940		10/71	Most I	Harmful Event	1 23		24	—	9		- 1	Undercarria Totaled	ge
⁶ 1	1			2: Ch19/71_Sec	Driver	Contributing Co	ode 1	19 24 5		9	1	\mathcal{L}	6		
1			tor and all occup	1: ChSec	Under	ride/Override		Towe	d_N_		0 31	32			13
	Name (Last Fir								edical Facility	1 1					
	Operator					1	1 9	9 0	0	10	1		_		
⁷ 2	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	ation	16 Cor	ndition	17		lit/Run	Море	d
	License#		St MA		Reg # 1RXS11 Re					Reg Type_PAN Reg State_MA					
	18 18 19 19 19 CD					Veh Year 2019 Veh Make GM					SMC Veh Config. 20				
8 1	Operator BRO	Operator BRODERICK PAMELA Endorsment Last First Middle					Owner (Same as operator) Last First Middle								
_	Address 66 AI	RNOLD RD			Last First Middle Address										
	City WELLES	LEY	City State Zip												
	Insurance Com	pany PURE INS	CO.		Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three))	
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 2 3 4												
	Citation # (If I	ssued) T2081061		Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Driver Contributing Code 1 24 24								ge			
	Violatio	n 1: Ch <u>90/11/B</u> Se	ec Violation												
	Violatio	n 3: ChSe	ec Violation	Underride/Override 25 Towed N 8 7 6											
	Pl Name (Last Fi	ease fill out for		Age/DOB		26 Seat Safety Pos. System	28 Airbag A n Status S	29 Signal	0 31 Trap de Code		ransp. Code M	Medical Facilit	y		
		Non-Motorist		See Above				1		9 0	0		1		
															\dashv



Crash Narrative:

I responded to the intersection of Washington St @Beacon St at 1524 hrs 09/21/2019 for a two car MVA, no injuries reported. I arrived in the area and observed the two involved vehicles stopped curbside along the Eastbound side of Washington St. near Beacon St. Both operators were out of the vehicles, uninjured, standing on the sidewalk upon my arrival. V1; MA Reg 39WS51, 2016 Mazda/CX5 color blue. V1 Operator; Zannis, John MA OLN#S46913063. V2; MA Reg 1RXS11, 2019 GMC/Yukon color black. V2 Operator Pamela Broderick MA OLN#S85148110.

The two vehicles were both traveling eastbound on Washington St. (public way) in traffic. As they came approached the intersection of Washington St. (Beacon St., V1 collided into the rear of V2. V2 sustained minor damage to the center rear bumper. V1 sustained moderate front end damage primarily on the left

minor damage to the cent	er rear bumper. V1	sustain	ed moderate fro	nt end d	damage primarily	y on the lef	t
(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)	Ad	dress		Phone #	Phone #		
Property Damage:	-						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			
Carrier Name					Carrier Issu	uing Authority Cod	35 le
Address_			City		St	Zip	
US DOT #:							36
US DOT #:	State Number38		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Gross Vehicle Weight						
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tı	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 dig	git # 41 Material Name_			Release code	42		
DANIEL CCITTINANI						00/22/2	040

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽Pedest	rian		
Crash Diagram:	ie: → [1	→	2	→ $\hat{\beta}$			
						<u> </u>	If Crash <u>Did Not</u> on a Public Way:	Occur
				_	<u> </u>	L	☐ Off-Street Parkin	σ I.ot
							☐ Garage	5 201
		_ _		_		 	☐ Mall/Shopping C	ontor
		_		- 	<u> </u>		_	
	 			_	 	_ 	Other Private Wa	
							Indicate North by A	Arrow
		— 		-+	 			
Crash Narrative:								
front/drivers side. The o	drivers airbag	dep	loyed at	the stirring	wheel.			
The two vehicles were bot						he ope	rators were advised	and
were given the crash repo	ort number.							
Witnesses:								
Name (Last, First, Middle)			Address				Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description	on of Damaged Property	
	•							
Truck and Bus Information: Carrier Name		(From	n Vehicle Section)		Carrier Issuing Authority Cod	35 de		
Address				City			St Zip	
US DOT #:	State Number			Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	3	38					
Trailer Reg #:	Reg Type		 Reg State	Reg Y	ear T	ailer Lengtl	39	
Hazmat Information:	2 71					3		
Placard 40 Material 1 digi	t # 41 Materia	l Nam	ne		Material 4	digit#	Release code	42
DANIEL S SULLIVAN					NEWTON POLICE DEPART	TN.	09/22/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)