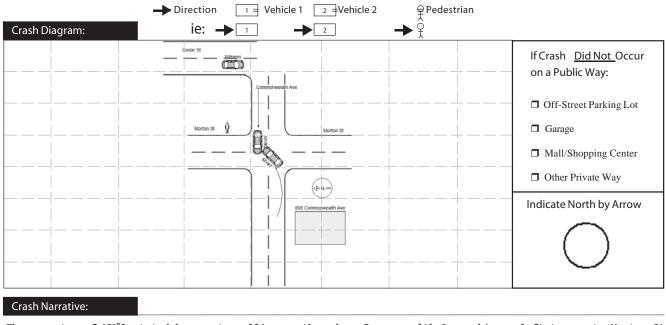
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts	}		RM	V Doci	umen	t Number	
	Date of Crash 09/27/2019	Time of Crash 07:23	City/Tov NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	ed Lati	ed Limi		$- _{M}^{L}$	tate Police ocal Police IBTA Police	XXI
		24HR	SECTION:		OCAT	Report	>	2	2 N(O		ngitude_			ther:	
		ATINIEN	SECTION:		JOCAI	IION			NO	T AT	INT	LKSI	LCI.	ION:	- 2 ⁹
1	WES		ONWEALTH AV												
1	Route# Direc	tion		Roadway/Street At	F	Route# Direction	on Add	ress #		Na	ame of I	Roadwa	ıy/Stre	eet	_ 2 ¹⁰
	NOR	TH MORTO	ON ST		-	Feet []	N S E V	V of		Marker		or		xit Number	
	Route# Direc	etion N	Name of Intersecting Also at Inters	<u> </u>	t	Feet 1	N S E V	V of							
2			7 H50 at Intole	cetton with		Feet [N S E V	V of	Route	#	Intersec	ting Ro	oadwa	y/Street	3
² 1	Route# Direc	tion	Name of Intersec	ting Roadway/Street	[La	ndmark			_ -
³ 97	X Vehicle 1	3_#Occupants	Hit/Run	Moped Case N			400								7
97	Venicie 1	<u>s</u> "Occupants		- 1 Case 1	Number			0000979							4
	License#	18 1	St St	DOB/Age										20	
	Sex_M_ Lic.		Lic. Restriction	CDL Endorsment		ear_2015		Make_H	ONDA			_Veh (Config	. 1	
1	Operator NIC		SAVARI First	Middle	Owner	(Same as ope	rator)		First			Mid	dle		1 12
		OND ST (apt. 22		244		s									
	City BRAINT			te_MA Zip_02184	-										
5		pany GEICO GI				Action Prior to		22	22 2		ea Area	Code:	(Circ.	le Up to Three	<i>y</i>
1		Direction: X		onding to Emergency? N	Event S	Sequence 1	22 22 23	22			\bigcap	\overline{A}		10 Undercarria	nga .
		ssued) T1268357			Most H	Iarmful Event	1	24	24	←	9			11 Totaled	ge
⁶ 1				2: ChSec	Driver	Contributing Co	ode 4	1	.8		<u> </u>	\mathcal{L}) 6		
1				4: ChSec	Underr	ide/Override		Towe	d <u>Y</u>		0 21	22		I	13
	Name (Last Fir		ator and all occup	Address		Age/DOB	Sex Se Po	26 27 at Safety s. System	28 Airbag Ai Status Sw	29 Siperitch Cod	0 31 Trap e Code	32 Injury Status	33 Fransp. Code	Medical Facility	1 1
	Operator		614	See Above POND ST (apt 2204)				99	1 4	0	0	10	1		_
	NICHOLAS, N	NATASHA		AINTREE, MA 02184			F 3	99	1 4	0	0	10	1		
	NICHOLAS, J	ACQUELAINE		POND ST (apt 2204) AINTREE, MA 02184			F 4	99	1 4	0	0	8	1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	Non-Motorist A Type	e 14	4 Action 1	Locat	ion	16 Con	dition	17		Hit/Ru	ın Mope	d
	License#		St_MA		Reg#2	2BM961			Reg T	ype_PA	N	Re	g Stat	e_MA	7
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Ye	ear_2014	Veh	Make_H	ONDA			_Veh C	Config	20	
⁸ 2	Operator PAG	GAN Last	ROSEMARY	Endorsment	Owner	(Same as ope	rator)		First			Mid	dle		
_	Address 104 S	TUART AVE	1 1131	Middle	Addres	s			11131			Wild			
	City DRACU	Γ	Sta	te_MA Zip 01826	City						State		_Zip_		
	Insurance Com	pany METROPO	OLITAN PROP		Vehicle	Action Prior to	o Crash	1 2	21	Damage	ed Area	Code:	(Circ	le Up to Three	:)
	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event S	Sequence 1	22 20 22	25 22	22 6		3	$\overline{}$	4		
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23		1	4	9	$\langle $		10 Undercarria 11 Totaled	ige
	Violatio	n 1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co		24	24		VÍ	<u>\</u>			
	Violatio	n 3: ChSe	ec Violation	4: ChSec	Underr	ide/Override	25	Tower	Y	יע	•)	6		
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 at Safety os. Syster	28 Airbag Ai n Status S	29 Signature 29 Signature 29 Ejector 29 Ejector 20 Ejec	0 31 Trap de Code	32 Injury Status	33 Fransp. Code	Medical Facilit	tv.
		Non-Motorist		See Above		Age/DOB	P	99	1 4		0	9	2	BOSTON MEDICAL	
										+					_



The operator of MV#1 stated he was travelling eastbound on Commonwealth Ave making a left turn onto Morton St when he was struck by MV#2. The operator of MV#1 stated he was unsure of where MV#2 came from. There was a strong solar glare facing westbound on Commonwealth Ave during this accident. MV#1 sustained heavy driver's side front end damages. Both front airbags were deployed. The operator of MV#1 stated he was not injured. The front passenger of MV#1 was not injured and had already left the scene to attend school. The driver's side rear passenger sustained a bleeding nose from this accident. She was unsure what caused her injuries because it happened too quickly. She was evluated by Newton Paramedics and signed a patient refusal of treatment.

(Continued	on	next	page
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Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
BILODEAU , SARAH,			N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	,	· ·		
	1	1		
	1			
	1	1		
Truck and Bus Information:				
Truck and Bus Information.	D ' ' ' ' ''	/E 371'1	100	

Truck and Bus Information:	Registration #	(From Vehic	le Section)		
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			20	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	th 39	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

GITA K SETIABUDI 25111 NEWTON POLICE DEPARTM 09/27/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	Direction 1 = Ve	hicle 1 2 = Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 1		▶ ĝ	
			<u> </u> 	If Crash <u>Did Not</u> Occur on a Public Way:
				☐ Off-Street Parking Lot
				☐ Garage
				☐ Mall/Shopping Center
				☐ Other Private Way
				Indicate North by Arrow
Crash Narrative:				

The initial point of impact for both vehicles was in the middle intersection of Commonwealth Ave at Morton St. There were broken vehicle parts and tire skid marks starting from the point of impact and onto the berm on Commonwealth Ave on the carriage lane side. MV#2's final resting spot was directly accross from 808 Commonwealth Ave. MV#2 sustained heavy front end damages to its driver's side wheel (Broken axle) and flat front right side tire. MV#2's driver's side airbag was deployed. The operator of MV#2 was transported by Newton Paramedics to the Boston Medical Center. I spoke to the operator of MV#2 via telephone and she stated she was travelling westbound on Commonwealth Ave when she was struck by MV#1 and caused her swerve onto the carriage lane berm. The operator of MV#1 is 6.5 months into her pregnancy and sustained neck, back, bruises and left hand injuries. She was transported to Boston Medical Center and was later discharged the same day.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property	
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)		Carrier Issu	ning Authority Coo	35 le
								le
Carrier Name			City			St	Zip	le
Carrier NameAddressUS DOT #:			City			St	Zip	le
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier NameAddressUS DOT #:Cargo Body Type Code Growth Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Zip Interstate	le

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		09/27/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1 2	=Vehicle 2	₽ Pedestri	ian	
Crash Diagram:	ie: → 1	2	□ →	₽ Ŷ		
						<u>Did Not</u> Occur ublic Way:
					Off-	Street Parking Lot
					☐ Gara	nge
			-		□ Mal	l/Shopping Center
				+		er Private Way
					Indicate	e North by Arrow
				+ +		
Crash Narrative:						
She was provided with this	accident repor	t number and	was advised	to contact	t her insurance p	rovider.
I spoke to the witness who	was at the int	ersection of	Cedar St and	Commonwe	alth Ave. The wit	ness stated MV#1
was travelling eastbound o	n Commonwealth	Ave and had	stopped, atte	mpting to	make a left turn	onto Morton St.
The witness stated she the	n observed MV#2	travelling	westbound on	Commonwea	lth Ave and struc	k MV#1. The
witness stated she believe	d MV#2 was trav	velling at a 1	high rate of	speed beca	ause it continued	to travel onto
the berm after striking M	V#1. I took dig	gital photogra	aphs of the d	amaged be	rm on Commonwealt	h Ave. Based on
the statements made to me,	I issued in ha	and to the ope	erator of MV#	1 citatio	n #T1268357 for v	iolation of c89
(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
Tourselve and Developer was at least						
Truck and Bus Information: Carrier Name	Registration #		(From Vel	nicle Section)	Carrier Issuing	Authority Code
			G'.			
			•		St	36
US DOT #:	State Number	38	_ Issuing State	ICC #:	:	Interstate
Cargo Body Type Code Gro	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:	41					42
Placard 40 Material 1 digit #	Material Na	ame		_ Material 4 d	ligit#R	elease code 42
GITA K SETIABUDI		25111	NEWI	ON POLICE DEPARTA		09/27/2019
Police Officer Name (Please Print)	Signature			partment	Precinct/Barracks	

•	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: →	1	2	→ Ŷ			
Crash Diagram:	, _			**************************************		If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Co Other Private Way ndicate North by A	g Lot enter
Crash Narrative:							
s8 failure to yield when	turning left.	Both vehicles	were towed h	v "Todv's	Towing"		
				7			
\M/:+massas:							
W itnesses: Name (Last, First, Middle)		Address			Pho	one #	Statement
Name (Last, First, Middle)		Address			THE	лте #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Touch and David Commention							
Truck and Bus Information:	Registration # _		(From V	Pehicle Section)			35
Carrier Name					Carrier	Issuing Authority Cod	e
Address			City		St	Zip	
			-				36
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	
Cargo Body Type Code 37 Gr	ross Vehicle Weight	38					
		D 2		_		39	
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digi	t # 41 Material	Name		Material 4 o	digit #	Release code	42
GITA K SETIABUDI		251	11 NE	WION POLICE DEPARTS	,	09/27/20	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)