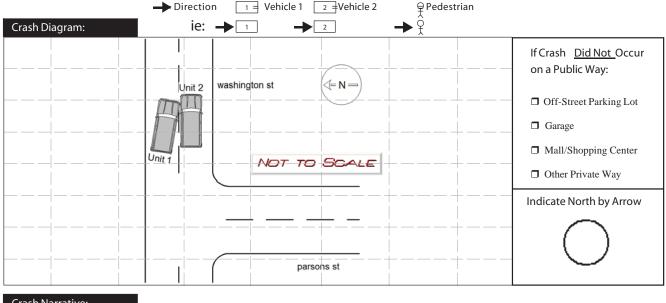
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	use	tts			RMV	V Doc	umen	t Number	
	Date of Crash 09/28/2019	Time of Crash 12:01	NEWTON	Militar		icle Cra Report	ash			Numbe Injured	Latit	d Limi tude gitude_		St Lo M	tate Police ocal Police IBTA Police ther:	Xi
		AT INTER	SECTION:		LOCA'		>	2		0 NOT	AT					┥_
	Non					11011				1101	711	11.111	21401	LCT	10111	2
1 1	Route# NOR Direct			Roadway/Street		Route# Direct	ion A	Address	. #		Naı	me of R	Coadwa	ay/Stre	et	2
1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of or							$ \frac{2}{}$				
									Mile Marker Exit Numb				xit Number	_		
	Also at Intersection with										Route# Intersecting Roadway/Street					- 1
1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of									_ 4	
3						Landmark									7	
	A venicie i	#Occupants			Number			190000								4
	License #	18 1	St <u>MA</u>	19		1KAG34									20	-
4	Sex_F_ Lic. 0		Lic. Restrictions KATERYNA	CDL Endorsment		ear 2019			ke_TO	101A			Veh (Config	2	
⁴		Operator STOLIARENO Last First Middle Middle First Middle Middle				Owner (Same as operator) Last First						Middle			- 1	
	City NEWTON State MA Zip 02461				Address State Zip							*				
		pany GENERAL			-	e Action Prior			6 21					_ ^	le Up to Thre	
5	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 4										
	Citation # (If Is	ssued)			Most I	Harmful Event	1 2	23		_ (_	9			10 Undercarri 11 Totaled	age
(Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing (L	19	4	24		Ź			11 Totalea	
⁶ 1		Violation 3: ChSec Violation 4: ChSec Underride/Override								ı						
	Please f		ator and all occup	ants involved Address		Age/DOB	Sex	26 Seat S Pos. S	27 Safety Ai System S	28 2 irbag Airba tatus Swite	9 30 Eject ch Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facilit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Operator		125	See Above					1 4	4	0	0	10	1		
	DEYMEGA, P.	ABLO		VTON, MA 02461			M	3	1 4	4	0	0	10	1		
⁷ 3	Please Select C of the Followi		2 1_#Occupants	Non-Motorist A Typ	pe 1	Action	15 Lo	cation	16	Cond	ition	17		Hit/Ru	ın Mop	ed
	License#					Reg # 9JDB70				Reg Type_PANR			Re	eg State_MA		_]
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL				Veh Year 2017 Veh Make NISSAN Veh Config. 2											
⁸ 2		Operator Last First Middle				Owner (Same as operator) Last First Middle							-			
	Address 225 SHAW AVE.				Address											
	City ABONGTON State MA Zip 02351				City State Zip Valviale Action Paint to Cresh ZI Damaged Area Code; (Circle Up to Three)								.e)			
	Insurance Company GEICO Vehicle Travel Direction: N.S. W.W. Percending to Emergency N.					venicle Action Phot to Clash 1										
	Vehicle Travel Direction: NSWW Responding to Emergency?N				Most Hampful Funct 23 10 Undercarriage								age			
	Citation # (If Issued) Most Harmful Event 1 Violation 1: ChSec Violation 2: ChSec Driver Contributing Code							1 4 9 5 11 Totaled								
	Violation	Underride/Override Z5 Towed Y 6														
	Ple	ease fill out for		occupants involved				26 Seat	27 Safety Ai	28 29 irbag Airb	g 30 Eject	31 Trap		33 Transp.	M = 1= ::	
	Name (Last Fi	rst Middle) Non-Motorist		See Above		Age/DOB	Sex		System 1	Status Swi	tch Cod	e Code 0	Status 10	Code 1	Medical Facil	ity
																\neg
																_



Crash Narrative:

ON 9-28-19 AT APPROX. 1201HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WASHINGTON AND PARSONS I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS IN THE LEFT HAND LANE TRAVELING E-BOUND ON WASHINGTON AND WAS TRYING TO TURN RIGHT. DRIVER STATES SHE SIGNALED AND PROCEEDED TO CHANGE LANES. WHEN CHANGING SHE HIT VEHICLE #2 WHO WAS IN THE LANE TO THE RIGHT OF HER. VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON WASHINGTON. WHEN VEHICLE #1 CHANGED LANES HE WAS UNABLE TO AVOID BEING HIT BY HER. VEHICLE #1 HAD FRONT RIGHT QTR. PANEL SCRAPES. VEHICLE #2 HAD LEFT FRONT QTR. PANEL SCRAPES. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED THE AREA WITHOUT FURTHER INCIDENT.

Witnesses:		A -1 -1				DI #	Statement			
Name (Last, First, Middle)	Address				Phone #					
Property Damage:										
Owner (Last, First, Middle)		Phone # 34-Type De			scription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name Carrier Issuing Authority Code										
Address			City	t Zip_						
US DOT #:	State Number		Issuing State ICC #: Interstate							
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me		Release cod	e 42						

THOMAS P WALSH 09/28/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date