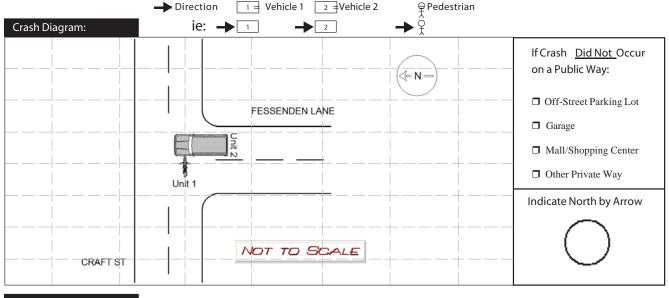
	Poli	ce Use Only		Comr	nonweal	th o	of Massa	ach	use	etts			RI	AV Do	cume	ent Number		
	Date of Crash 09/29/2019	Time of Crash 09:33	City/ NEWTON	Town	Motor '	Vehi	icle Cra	sh		mber hicles	Nun Inju		Speed Li Latitude			State Police Local Police MBTA Police		
	09/29/2019	24HR					Report		2		1	1-	ongituc			MBTA Police Other:		
		AT INTER	RSECTION	•	< L	OCAT	ΓION :	>			NO	OT A	T IN	ΓERS	SECT	ΓΙΟN:	_	2 9
	NOR	TH FESSEN	NDEN LN															
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							treet	_	2 ¹⁰			
	WEST CRAFT ST						Feet NSEW of • or Mile Marker Ex							Exit Number	_			
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of							Lait Ivuilloci	_				
2	Also at Intersection with					Route# Intersecting Roadway/Street								-	3 11			
² 1	Route# Direction Name of Intersecting Roadway/Street					Landmark								_	3			
3	XVehicle1	_1_#Occupants	Hit/Ru	n Mop	oed Case N	umber		1	190000	00989							٦	
	License#		St	MA DOB/Age		Reg#2	2B2062				Reg	Tyne l	MCN	ī	Reg St	ate MA	一	
	Sex_M Lic. 0	Class D 18 1		19	DL	-	ear_2007	Ve	eh Ma	ke HA	_				-	20	-	
4	Operator MU		□ MICHAEL	E	ndorsment		MURPHY							P		-8.		1 ¹²
1	Address 33 CF	Last	First		Middle		33 CRESCEN	T ST			First			М	liddle		_	1
	City NEWTO	N		State_MA_Zip	02465	City N	IEWTON						St	nte_MA	Zij	p_02465	_	
	Insurance Com	pany COMMER	.CE			Vehicle	e Action Prior to	Crash	1	1 21	П	Dam	aged Aı	ea Cod	le: (Cir	rcle Up to Thre	ee)	
5	Vehicle Travel	Direction: N	S X W	esponding to Em	ergency?_N	Event Sequence 1 22 22 22 22 3 4												
	Citation # (If Is	ssued) T1445178				Most H	Harmful Event	1 2.	3		(① ←	_ }	9	5	10 Undercarr 11 Totaled	iage	
6	Violation	1: Ch90/23/Sec	Violati	on 2: Ch\$	Sec	Driver Contributing Code 1 24 24 8 7 6												
⁶ 1				on 4: Ch		Underr	ide/Override	2.		Towed			20	,			_	12
	Please 1		ator and all oc	cupants involve	Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	Airbag I witch C	30 Tra	31 32 Injury e Status	Trans Code	p. Medical Facili	ity	1 13
	Operator			Se	e Above					5	4	4	0 0	7	2	BRIGHAM AND V	VOMEN	
⁷ 3	Please Select C of the Followi	I A Venicle	2 <u>4</u> #Occup	ants Non-M	Motorist A Type	14	4 Action 1	5 Loc	cation	1	16 Co	nditior	1	7 _	Hit/F	Run Mop	ed	
	License#		St	MA DOB/Ag	e	Reg#	3569AJ				Reg	Type_l	PAN	I	Reg St	ate_MA	_	
	Sex_F_ Lic. 0	Class D 18 1	8 Lic. Restrict	ions 19	CDL	Veh Ye	ear_2019	Ve	eh Ma	ke_CF	_				n Confi	20		
⁸ 2	Operator HO	BAN Last	CATRELL	E	ndorsment Middle	Owner	HOBAN		С	HRIS	First			M	liddle		_	
	Address 25 M.					Addres	25 MAVERIO	CK ST									-	
	City DEDHAM	M		State MA Zip	02026	City D	DEDHAM						St	nte_MA	Zij	02026	-	
	Insurance Com	pany GARRISO	N			Vehicle	Action Prior to			6			aged Aı		le: (Cir	rcle Up to Thre	ee)	
	Vehicle Travel	7.		Responding to Em	nergency?N	Event S	Sequence 1 2		22	22	22	2		3	^4	10 Undercarr	iace	
	Citation # (If Issued) T1445177						Most Harmful Event 1 9 5 11 Totaled								iage			
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4																	
	Violation 3: ChSec Violation 4: ChSec Underride/Override Towed Y									3	\dashv	I I						
	Name (Last Fi	rst Middle)	operator and		Address		Age/DOB	Sex	Pos.	System	Status	Switch	Code Co	de Statu	/ Trans	p.	lity	
	1	Non-Motorist		Sec 25 MAVERICK S	e Above Γ						4		0 0	10	1		\dashv	
	HOBAN, CHR	ISTOPHER	1	DEDHAM, MA 0 25 MAVERICK S	2026			M	3	1	4	4 (0	10	1		\dashv	
	HOBAN, TRYS	STAN	1	DEDHAM, MA 0	2062			М	6	1	4	4	0 0	10	1			
	HOBAN, CAL	ЕВ		25 MAVERICK S' DEDHAM, MA ()				М	4	1	4	4	0 0	10	1			



Crash Narrative:

ON 9-29-19 AT APPROX. 0933HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF FESSENDEN LANE AND CRAFT ST. I SPOKE TO THE OPERATOR OF VEHICLE #2. DRIVER STATES SHE WAS TRAVELING N-BOUND ON FESSENDEN LANE. AT THE INTERSECTION WAITING TO GO LEFT ONTO CRAFT ST. DRIVER STATES A VEHICLE TRAVELING E-BOUND ON CRAFT TURNED RIGHT INTO FESSENDEN LANE. AT THIS POINT DRIVER STATES SHE ENTERED THE TRAFFIC LANE AND TURNED ONTO CRAFTS ST. SHE STATES HER VEHICLE WAS HIT IN THE LEFT SIDE BY VEHICLE #1. SHE STATES SHE NEVER SAW THE MOTORCYCLE UNTIL IT WAS HITTING HER VEHICLE. OPERATOR OF VEHICLE #1 WAS BEING ATTENDED TO BY THE FIRE AND MEDICS. OPERATOR OF VEHICLE #2 WAS GIVEN MOTOR VEHICLE CITATION (T1445177, 89/9, FAILURE TO YIELD AT INTERSECTION). OPERATOR SERVED CITATION IN HAND.

I SPOKE TO A WITNESS (TIMOTHY CHANGOGARRETT). HE STATED HE WAS TRAVELING E-BOUND BEHIND THE

(Continued on next page)

Witnesses:						
Name (Last, First, Middle)	Addre	ess		Phone #	# Statement	t
CHANGOGASSETT , TIMOTHY,		AFT AVE. TON,MA 02465			Y	
Property Damage:						
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information: Carrier Name		(From `	Vehicle Section)	Carrier Issu	uing Authority Code	;
Address		City		St	Zip	J
US DOT #:	State Number38	Issuing State _	ICC #:_		Interstate 36	
Cargo Body Type Code Gro.	ss Vehicle Weight			39		
Trailer Reg #:	Reg Type Re	g State Reg Yea	r Tr			
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material Name		Material 4	digit #	Release code 42	
						_

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedesti	rian		
Crash Diagram:	ie: →□	1	2	₽Ŷ			
						If Crash <u>Did Not</u> C on a Public Way:	Occur
						☐ Off-Street Parking	Lot
		i				☐ Garage	
						☐ Mall/Shopping Ce	enter
						☐ Other Private Way	,
						Indicate North by A	rrow
						()	
		<u> </u>					
Crash Narrative:							
MOTORCYCLE. HE SAW VEHICLE	E #2 ENTER THE	TRAFFIC LANE	AND VEHICLE #	1 HIT HER	VEHICLE.	HE STATES THE OPE	ERATOR
OF VEHICLE #1 WENT OVER H	IS HANDLE BARS	UPON COLLISIO	ON. LANDED ON	THE HOOD	OF VEHICL	E #2 AND THEN FELI	L TO THE
GROUND. AT THIS POINT HE	CALLED 911.						
OPERATOR OF VEHICLE #1 WAS	3 TRANSPORTED	TO BRIGHAM AND	D WOMEN'S HOSP	ITAL BY M	EDIC2 FOR	FURTHER TREATMENT	r. I
WENT TO THE HOSPITAL AND S	SPOKE TO THE O	PERATOR IN HIS	S ROOM. HE STA	TES HE WA	S TRAVELI	NG E-BOUND ON CRAE	FT
INTENDING TO GO TO THE PO	OST 440 ON CAL	IFORNIA ST. TO	O ATTEND AN AA	(ALCOHO	LICS ANON	YMOUS) MEETING. H	HE
STATES HE TOOK HIS SON'S N	MOTORCYCLE WI	TH THE INTENT	ION OF SEEING	IF THERE	WERE ANY	REPAIRS NECESSARY	BECAUSE
HIS SON IS TRYING TO SELL	IT. WHILE TRA	VELING HE APPI	ROACHED THE IN	TERSECTIO	N. HE SAW	VEHICLE #2 ENTER	ONTO
CRAFT ST. HE STATES HE CO	JLD NOT DIVERT	AND HE WAS UN	NABLE TO AVOID	HITTING	HER VEHIC	LE. OPERATOR HAS E	BROKEN
(Continued o	on next page)						
W itnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration # _		(From Vel	hicle Section)			35
Carrier Name					Ca	rrier Issuing Authority Code	
Address			City		S	t Zip	
US DOT#:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39	
Hazmat Information:		105 5000	1.05 1041	11			
Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4	digit #	Release code	42
THOMAS P WALSH			NEWI	TON POLICE DEPART		09/29/20	119

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

_	→ Direction 1	Vehicle 1	vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→ 2	2 →	₽ Ĝ		
	 	 <u> </u>				h <u>Did Not</u> Occur ublic Way:
					□ Off-	Street Parking Lot
						age
					☐ Mal	l/Shopping Center
		+			□ Oth	er Private Way
		+ 	+-		Indicat	e North by Arrow
			 -			
Crash Narrative:						
BONES IN HIS LEFT ARM. CUT						
OPERATE A MOTOR VEHICLE WA						
ISSUED MOTOR VEHICLE CITA						
THAT I WOULD MAIL HIM THE						
TOWED BY TODYS. VEHICLE #1						
BROKEN AXLE. WEST NEWTON S	SQUARE (OFF L.	MIKOLEIT) A	ARRIVED ON SCEN	NE AND TOO	OK 10 PICTURES. E	PICTURES
PLACED IN I.T. BOX. I CLEA	ARED THE AREA W	ITHOUT FURTHE	R INCIDENT.			
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						<u> </u>
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Damaged	Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT #:	_ State Number		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 d	igit # R	elease code 42
						09/29/2019

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

	Direction	1 =	Vehicle 1	2 ‡Vehi	cle 2	₽Pedesti	rian		
Crash Diagram:	ie: →	1	⊣	2	→	γŶ			
Crash Diagram:	ie: ->[If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Crash Narrative:							,		
Witnesses:									
Name (Last, First, Middle)			Address				1	Phone #	Statement
Name (Last, First, Middle)			- nuuress					1 Hone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phor	ne #	34-Type	Desc	ription of Damaged Property	
				1112				···	
Truck and Bus Information:	Registration #				(From Veh	icle Section)			35
Carrier Name								Carrier Issuing Authority Code	e 33
Address				City				St Zip	
US DOT #:	State Number			Iceni	ng State	ICC#·		Interctate	36
37	Г		88	15501	ng siaic	1CC#:_		Interstate	
Cargo Body Type Code	Gross Vehicle Weight							20	
Trailer Reg #:	Reg Type		_ Reg Stat	e	Reg Year	Tr	ailer L	ength 39	
Hazmat Information:									
Placard 40 Material 1 dig	git # 41 Materia	ıl Nam	e			_ Material 4	digit #	Release code	42
THOMAS P WALSH					NEWI	ON POLICE DEPART	N	09/29/20)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)