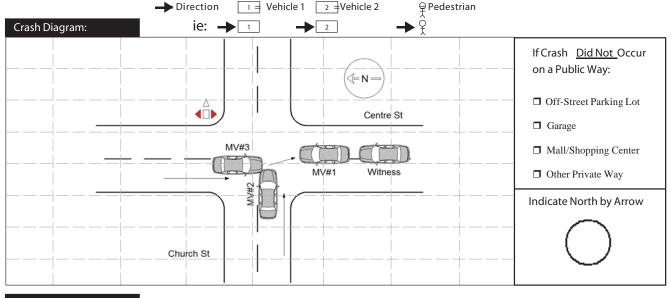
	Poli	ice Use Only		Comn	nonwea	lth o	of Mass	achi	uset	ts	Г	RM	V Docu	ment l	Number	
	Date of Crash 10/01/2019	Time of Crash	City/	Γown	Motor	Veh	icle Cra	sh	Num			Speed Lim		Stat Loc	e Police al Police TA Police	<u> </u>
	10/01/2019	24HR	NEWTON		Pol	ice I	Report		3	1		Longitude		Oth	TA Police er:	
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	SOU	TH CENTR	E ST													
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	EAST	CHURC	CH ST			-	Feet	N S E	W of		le Mark	•	or	Evid	Number	-
	Route# Direc	etion N		ting Roadway/Str	eet		Feet	N S E	w of	IVII	ic iviai k	.01		EXI	Number	
			Also at Int	tersection with		-				Ro	ute#	Interse	ting Roa	adway/	Street	- -
² 2	Route# Direct	tion	Name of Inter	secting Roadway/	Street		Feet	N S E	W of							3
Landmark								\dashv								
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	Sex_F_ Lic. 0	Class D 18 18		ons B 19	DL		ear_2018								1 20	
4	l	J Last		Б-	ndorsment		(Same as ope	rator)								- -
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	City NEWTO			State_MA Zip_	02459		S							7:		-
				StateZip_	02107	-				21						_
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6	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver	Contributing C		1 24		0			<i>)</i> 6		
⁶ 2		3: ChSec				Underr	ide/Override	25	To	owed N	-	•		· ·		
	Please 1	fill out for opera	ator and all occ		d Address	Age/DOB Sex Pos. system Status Switch Code Code Status Code Medical Facility							tv 1			
	Operator	,			e Above				9			0 0		1		
7																
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	ants Non-M	Motorist A Type	e 1	4 Action	Loc	cation	16 C	onditio	n 17	Пн	lit/Run	Мор	ed
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8	Operator FAC		MICHAEL	J Er	ndorsment		(Same as ope	rator)								_
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	ice Use Only		Commonweal					37				nt Number	
Date of Crash 10/01/2019	Time of Crash 11:43	City/Town NEWTON			icle Cra	sh \frac{1}{\sqrt{1}}	Number Vehicles	Number Injured	Latitu	Limit <u>3</u> de		State Police Local Police MBTA Police	
	24HR				Report		3	1		tude	(Other:	
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1					Feet N	SEW	of	Route#	In	tersecting	g Roadw	ay/Street	
Route# Direction Name of Intersecting Roadway/Street					Landmark								
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Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos	6 27 t Safety 2 . System	28 29 Airbag Airbag Status \$witch	30 Eject Code	31 3 Trap Inju Code \$tat	32 33 ary Transp tus Code	o. Medical Facilit	
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of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e	Action	Location		Condit	ion		Hit/R	un Mope	
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Operator	Last	First	Middle	Owner	Last	:		First			Middle		
Address				Address	s								
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	ssued)			Most Harmful Event 23 10 Undercarria, 5 11 Totaled									
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Operator/	Non-Motorist		See Above				-						



Crash Narrative:

The operator of MV#1 stated she was stationary at the red light on Centre St attempting to make a left turn onto Church St when both MV#2 and MV#1 struck her vehicle. MV#1 sustained minor damages to its front driver's side bumper. There were no reported injuries to the operator of MV#1.

The witness stated she was stationary directly behind MV#1 and observed MV#2 and MV#3 struck MV#1. The witness stated she was unsure who had the right away/ green light.

The operator of MV#2 stated he had the green light and was travelling eastbound on Church St when he was struck by MV#3 which in turn pushed him into MV#1. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2.

The operator of MV#3 stated he was travelling southbound on Centre St and was unsure if he had the green or (Continued on next page)

Witnesses:				
Name (Last, First, Middle)	Address	Phone #	Statement	
	83 CENTRE ST			
MISCHLER, PAT,	NEWTON,MA 02459		N	

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehicl	le Section)		25
Carrier Name				_ Carrier Issui	ng Authority Code
Address		City		St	Zip
	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name	·	Material 4 digit #		Release code 42

_	Direction 1	1 \equiv Vehicle 1 $\boxed{2}$	2_ ‡ Vehicle 2	Pedestria	n	
Crash Diagram:	ie: →□	1 2	2	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	'enter
					☐ Other Private Wa	
					Indicate North by A	Arrow
		<u> </u>		+-		
					\ \ /	
Crash Narrative:				-		
red light when he was stru	ck by MV#2 whi	ch in turn pu	shed him int	o MV#1. MV#3	sustained moderate dam	nages to
its right side front bumpe						
back pain. He refused medi						
Based on the statements ma				tor of MV#3	MA uniform citation #T20	79223
for violation of c89 s9 fa						
arranged for their own tow						
w						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Pagistration #		(From V	/ehicle Section)		
Carrier Name	Registration #		(110111)	,	Carrier Issuing Authority Co	35 de
Address			City			
			,			36
US DOT #:		38	issuing State	1CC#:	Interstate	
Cargo Body Type Code Gro	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information:	A1					421
Placard 40 Material 1 digit	# Material N	Name		Material 4 dig	rit # Release code	42
GITA K SETIABUDI		25111	L N	EWTON POLICE DEPARTM	10/01/2	2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)