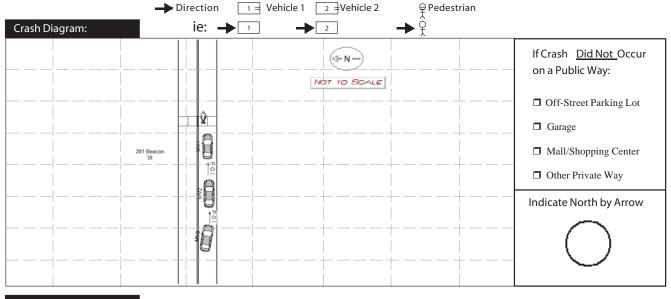
	Poli	ice Use Only		Commo	onweal	th o	f Massa	ach	use	tts			RMV	V Docu	ıment	t Number	
	Date of Crash 10/01/2019	Time of Crash 15:23	City/T NEWTON	own I	Motor `	Vehi	icle Cra	sh			Numbe Injured		ed Limi tude		St Lo	ate Police ocal Police BTA Police	□ Xi
	10/01/2019	13.23 24HR			Poli	ce F	Report		3		0		gitude_		M O1	BIA Police ther:	
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							EAST	28	31	1	BEACO	N ST					⊦
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\dashv				At			Feet 1	N S E	W o	f —		•	_	or			╌
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	Route# Direct	tion	Name of Inters	ecting Roadway/Str	eet								Laı	ndmark			
	XVehicle 1	#Occupants	Hit/Rur	Moped	Case N	umber		1	190000	0995							
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	Sex_M Lic. 0	18 1		19			ar 2019		eh Mak						_	20	_
	Operator WH		ROGER	Endo	rsment		FLEXDRIVE	SERVI							_		F
	Address 350 W	Last VASHINGTON	ST First	Mid	idle		Las S 2280 BETHL				First			Mido	ile		_
	City NORWE			tate_MA Zip_020	061		ATFIELD						State	PA	Zip	19440	
	Insurance Com	pany ALL STAT		1		-	Action Prior to	Crash	. [,	21					_ ^ _	e Up to Thr	ree)
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ŀ	Name (Last Fire Operator	st Middle)		See A	bove		Age/DOB	Sex		ystem S		ň Code	Code 0	Status	Code [*]	Medical Facil	ity
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1	Please Select C of the Followin	IX Vehicle	e 2 <u>1</u> #Occupa	nts Non-Mot	orist A Type	14	Action 1	Loc	cation	16	Cond	ition	17	u i	Hit/Ru	n Mop	oed
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	City BROOKI			tate MA Zip 024	146		ROOKLINE						State	MA	7in	02446	-
		pany GOVT EM				- 7	Action Prior to	Crack		21		amage				e Up to Thr	ee)
	Vehicle Travel			esponding to Emerg	ency?N		Sequence 1		L	22	22 2		3		4	•	
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}	Name (Last Fi	rst Middle)		A	ddress		Age/DOB	Sex	Pos.	System	Status Swi	tch Cod	le Code	Status	Code	Medical Faci	ility
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Poli Date of Crash	ice Use Only Time of Crash		Commonweal					Number		RMV Do		tate Police
10/01/2019	15:23	NEWTON			cle Cra	sh	Number Vehicles	Injured	Latitu	de	L	ocal Police 1BTA Police
	24HR	RSECTION:		OCAT	Report	>	3	0 NOT		tude		ther:
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Route# Direc	etion	Name of Road	lway/Street	R	Loute# Directio	n Add	ress #			e of Road		eet
					Feet N	SEV	of –	Mile M	arker	or _	Е	xit Number
Route# Direc	ction 1	Name of Intersecting Ro Also at Intersection			Feet N	SEV	of					
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City BROOK		State_M	Zip 02446								Zip	
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Please : Name (Last Fir		ator and all occupant	s involved Address		Age/DOB	Sex Pos	26 27 at Safety A s. System	28 29 Airbag Airbag Status \$witch	30 Eject Code	31 32 Trap Injury Code Statu	2 33 Transp. S Code	Medical Facility
Operator			See Above				- 1	1 99	0	0 10	1	
Please Select C	I Vehicle	e# Occupants	Non-Motorist A Type	14	Action 1:	5 Locati		Condit	ion	17	Hit/Ru	un Mope
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City		State	Zip	City						State	Zip	
Insurance Com	npany			Vehicle	Action Prior to	Crash	21	Da Da	ımaged	Area Cod	le: (Circ	le Up to Three
Vehicle Travel	Direction: N	S E W Respond	ling to Emergency?	Event S	sequence 2	2 22	22	22 2		3	4	
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	Non-Motorist		See Above									
											+	



Crash Narrative:

Operator of MV1 stated he was traveling Eastbound on Beacon St. and stopped for a pedestrian in the crosswalk located in front of 281 Beacon St. The operator of MV1 further stated as he came to a complete stop at the crosswalk MV2 rear ended him. Operator of MV2 stated she was traveling Eastbound on Beacon St. when she stopped behind MV1 in traffic. Operator of MV2 further stated as she was stopped in traffic MV3 rear ended her with enough force resulting in her vehicle colliding with MV1. The operator of MV3 stated she was traveling Eastbound on Beacon St. when she observed MV2 stopped in traffic, however she attempted to stop to avoid a collision but rear ended MV2. It should be noted the operator of MV3 attempted to turn her vehicle away from MV2 but she stated it was too late.

(Continued on next page)								
W itnesses:								
Name (Last, First, Middle)		Address				Phone #	Statemen	it
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damaged	Property	
	<u> </u>		!		'			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			21	-
Truck and Bus Information:	_		(From Vehic	ele Section)		Carrier Issuing	Authority Code 35	5
	-		· 				Authority Code	5
Carrier Name		(City			St	Authority Code Zip	5
Carrier Name Address US DOT #:	State Number	(City			St	Authority Code Zip	5
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Authority Code Zip	5
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Authority Code Zip	5
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Authority Code Zip Interstate 36	5

JUSTIN MARCH			NEWTON POLICE DEPARTM		10/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	Vehicle 1	2 =Vehicle 2	₽ Pedestrian	
Crash Diagram:	ie: → 🗆] →[2	▶Ŷ	
					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:					
Clasifinative.					
No injunica All involved	namtica signed	nationt mof	ugala M771 gua	tained miner re	ar end damage. MV2 sustained
				damage. Tody's	responded and towed MV3. A
towed motor vehicle form	was filled out	and placed	on file.		
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	tion of Damaged Property
Truck and Bus Information:	Pagistration #		(From Ve	high Sagtion)	
Carrier Name	Registration #		(110111 ve	*	Carrier Issuing Authority Code
Address			City		
US DOT #:			-		36
Cargo Body Type Code Gro	oss Vehicle Weight	38	-		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Leng	39 tth
Hazmat Information:	- 0 71	_ 5 _			
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit #	Release code 42
JUSTIN MARCH	~.			TON POLICE DEPARTM	10/01/2019
Police Officer Name (Please Print)	Signature	;	ID/Badge # De	epartment 1	Precinct/Barracks Date

CDP1 11 ·24·00