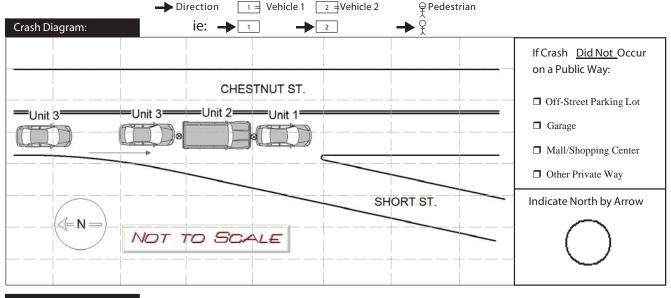
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts	}		RMV	V Docui	ment Number		
	Date of Crash 10/03/2019	Time of Crash 17:03	City/To	Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	<u> </u>	
	10/05/2015	24HR				Report		3	0		ngitude_		Other:		
		AT INTER	SECTION:	<	LOCA'	TION :	>		NO	T AT	INT	ERSE	CTION:	2	
	SOUT	TH CHEST	NUT ST												
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	WEST SHORT ST					Feet NSEW of or or						or	Exit Number	_	
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			Also at Inter-	section with				_	Route	#	Intersec	ting Roa	dway/Street	- <u> </u>	
² 2	Route# Direct	tion	Feet [N S E W] of									2			
3	[V]v ₂ ,1,1,1,1	1 #0 .	Landmark												
2	Vehicle1	#Occupants		2 Number 1900001003											
	License#	18 1	St MA	A DOB/Age		548XVG							20	_	
	Sex_F Lic. 0	Class D	Lic. Restriction		Veh Y	ear_2008	Veh	Make_A	CUR			_ Veh Co	onfig. 1	$ \boxed{1^1}$	
4 1	Operator TRL	ANTAFILLES Last	GEORGIA First	Middle	Owner	(Same as oper	rator)					Middle			
لت		IEWTONVILLE			Addre	SS								_	
	City NEWTO	te_MA Zip_02460	City_	yStateZip											
[E		pany SAFETY IN	Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three) 22 22 23 4												
2	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22 23	22	22 2		<u></u>		10 Undercar		
	,	ssued)			Most 1	Harmful Event	1	24	24	+	9		10 Oldercal 11 Totaled	nage	
⁶ 1				2: ChSec		Contributing Co	ode 1 25		8		7		<i>)</i> 6		
1		3: ChSec	Underride/Override Towed N								1				
	Name (Last First		ator and all occu	Address		Age/DOB	Sex Se	26 27 eat Safety os. System	Airbag Air Status Sw	bag Ejec	t Trap e Code	32 Injury Tr. Status Co	ansp. ode Medical Facil	1	
	Operator			See Above				99	4 9	9 0	0	99 1			
4	Please Select C of the Followin		2 <u>1</u> #Occupant	s Non-Motorist A Ty	ре	14 Action 1	5 Locat	tion	16 Con	dition	17	Пн	it/Run Mo	ped	
	License# St MA DOB/Age					Reg # 90KA19 Reg Type_PA									
	Sex_F_ Lic. 0	Class D 18 18	Lic. Restriction		Veh Y	ear_2015	Veh	Make_F0	ORD			_ Veh Co	onfig. 20		
⁸ 2	Operator ROS	SENBAUM Last	DINA	Endorsment	Owne	(Same as oper	First		e	_					
	Address 16 BC	DYDEN LANE	Last First Middle Address												
	City SHARON	N	State												
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	Operator/	Non-Motorist		See Above				99	4 9	9 0	0	99 1			

	ice Use Only		Commonweal									nent Number	
Date of Crash 10/03/2019	Time of Crash 17:03	City/Town NEWTON	Motor			sh	Number Vehicles		Latiti	ude		State Police Local Police MBTA Polic	. X i e □
	24HR				Report		3	0		gitude_		Other:	
	AT INTE	RSECTION:	< L	OCAT	ION	>		NO	AT I	INTE	ERSEC	CTION:	
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1				- -	Feet [N S E V	of -	— — Mile N	• ⁄larker	(or	Exit Number	
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		Also at intersect	ion with		_		_	Route#	Iı	ntersect	ting Road	dway/Street	
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XIVehicle3	1_#Occupants	Hit/Run	Moped Case N			100	0001003						
		<u> </u>	Case IV		ANGOT				DAN	т.		264	
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Sex_F_ Lic.		Lic. Restrictions MERIDITH	CDL Endorsment				Make				Veh Co	nfig. 1	
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City BOSTO			MA Zip 02128		S						-		_
	npany LM GENI		Zip <u>0212</u> 0	-	Action Prior to		2	_				Zip Circle Up to Th	
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	Issued)		ing to Emergency:		armful Event	23				Ţ		10 Underca	_
		c Violation 2:	ChSec		Contributing Co		24 2	$\frac{24}{0}$	←	9		5 11 Totaled	
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		ator and all occupan				Se	26 27 at Safety	28 2 Airbag Airb	9 30 ag Eject	31 Trap	32 Injury Tra	33 insp.	
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Diagram Calasto	2			14		15		16		17			
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Operator	/Non-Motorist		See Above										
									+			_	



Crash Narrative:

OPMV#1 Was stopped in traffic traveling Southbound on Chestnut St when she was struck from behind by the
OPMV#2 at the intersection of Chestnut St & Short St. (Minor scratches to the rear bumper)

OPMV#2 Was stopped in traffic traveling Southbound on Chestnut St when she was struck from behind by the
OPMV#3 at the intersection of Chestnut St & Short St. (Minor damage to the rear bumper)

OPMV#3 Was traveling Southbound on Chestnut St when she collided with the OPMV#2 that was stopped in traffic
at the intersection of Chestnut St & Short St. (Major damage to front bumper)

OPMV#3 Stated she was crying due to personal reasons and wasn't paying attention to what was going on in
front of her vehicle before she collided with the car in front of her stopped in traffic.

MV#3 Was towed by Tody's Towing. All operators refused medical treatment.

Witnesses: Name (Last, First, Middle) Address Phone # Statem Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property	ment
Property Damage:	
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property	
Truck and Bus Information: Registration #(From Vehicle Section)	
Carrier Name Carrier Issuing Authority Code	35
Address City St Zip	_
US DOT #: State Number Issuing State ICC #: Interstate 36	
Cargo Body Type Code 37 Gross Vehicle Weight 38	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	
Hazmat Information:	
Placard Material 1 digit # 41 Material Name Material 4 digit # Release code 42	