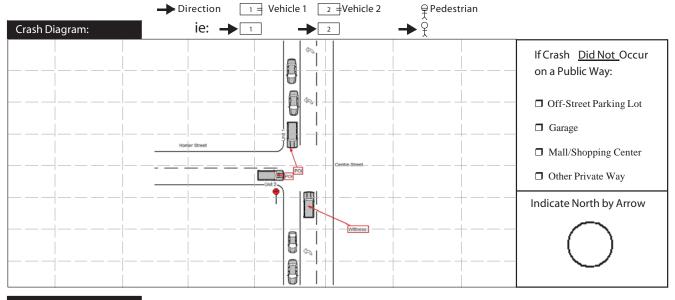
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	setts	\$		RMV	V Docun	nent Number	
	Date of Crash 10/04/2019	Time of Crash	City/To NEWTON	Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	N X
	10/04/2019	12:46 24HR	NEWION	Po	lice 1	Report		2	0		ngitude_		Other:	
		AT INTER	RSECTION:	< ]	LOCA	ΓΙΟΝ	>		NC	ТАТ	INT	ERSE	CTION:	2
	SOU	TH CENTR	E ST											2
1 1	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	on Ado	dress #		N	ame of F	Roadway	/Street	2 <sup>10</sup>
1	EAST HOMER ST  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with					Feet NSEW of or								$ \frac{2}{}$
						Mile Marker Exit Numbe							Exit Number	_
						Feet NSEW of Route# Intersecting Roadway/Street							-	
2 <b>1</b>						Feet NSEW of								3 11
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
$1^{3}$	XVehicle1	1_#Occupants	Number		19	00001006	i							
	License#		St M	A DOB/Age	Reg#	7GGX50			Reg	Tyne PA	N	Reg	State MA	_
	Sex_F Lic. 0	Class D 18 1		19	Reg # 7GGX50         Reg Type PAN         Reg State MA           Veh Year 2017         Veh Make BMW         Veh Config.         1									-
4		-	_	Endorsment		FINANCIAL						_ ven co	illig. [-	- <b>1</b>
2	Address 76 LE	Last WS STREET	First	Middle		Las 5550 BRITO			First			Middle		-   1
	City_NEWTO		C.	ate MA Zip 02458							State	ОН ,	7in 43026	-
		pany ARBELLA		ateZip	City HILLIARD State OH Zip 43026  Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
5	1			oonding to Emergency? N	Vehicle Action Prior to Crash  2 21 Damaged Area Code: (Circle Up to Tirree)  Event Sequence 1 22 22 22 22 2 4									
1				boliding to Emergency:		sequence 1	23				$\prod$	$\overline{A}$	10 Undercarr	riage
	,	ssued)		1 2: ChSec		Harmful Event	ode 9	_ 24	24	-	9		5 11 Totaled	
<sup>6</sup> <b>1</b>	1			14: ChSec		Contributing Co	25		1 N	3	7		6	
1					Underi	ride/Override		Towe		29 3 irbag Eje	0 31	32 Injury Tra	33 ansp.	13
	Name (Last Fire	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address				Age/DOB	Sex Pe	os. System	Status Sv	vitch Coc	ic Code	status CC	ansp. ode Medical Facil	1 1
	Operator			See Above				1	4 4	0	0	10 1		_
<sup>7</sup> <b>3</b>	Please Select C of the Followin	I A Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	14 Action 1	Loca	tion	16 Cor	ndition	17	☐ Hi	t/Run Mop	ed
	License#	icense # St MADOB/Age				Reg # 9NC654 Reg Type PAN Reg State 1						State_MA		
	Sex_F         Lic. Class         D         18         18         Lic. Restrictions         1         19         CDL				Veh Y	Veh Year 2019 Veh Make JEEP Veh Config. 1								
<sup>8</sup> <b>99</b>	Operator MA	MARCUCCI CASSANDRA E Endorsment				Owner VEHICLE ASSET UNI							_	
99	Address 14 B	Last	First	Middle	Addres	SS		SAVE	First			Middle		_
						City_BLOOMIGTON State_MN Zip_55431								_
	Insurance Com	<sub>pany</sub> GOVT EM	PLOYEE INS		Vehicle	e Action Prior to	Crash	4	21	Damag	ed Area	Code: (0	Circle Up to Thr	ee)
	Vehicle Travel	Event Sequence 1 22 22 22 22 2 3 4												
	Vehicle Travel Direction: N S X W Responding to Emergency? N  Citation # (If Issued) R6467649  Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 1 24 24								riage
			Underride/Override  25 Towed N  8 7 6											
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved										33 ansp.	$\dashv$		
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex I	Pos. System	n Status S	witch Co	de Code		Code Medical Faci	lity
	Орегиюн.			560 110010			<del>                                     </del>	1	- C	, 0	0	10 1		
								+		-	+			



## Crash Narrative:

M/V 2 was stopped on Homer Street (East Bound) at the intersection of Homer and Centre Street, she was stopped at the stop sign. The uninvolved wittiness was stopped (North Bound) on Center Street with his left directional on waiting to make a left turn.

Operator of M/V 1 traveling (South Bound) on Centre Street slowed while driving, the vehicle did not have any headlights on when the operator flashed her high beam twice indurating she was letting the stopped vehicles waiting to turn to proceed and make their turns. When the operator of M/V 1 flashed her high beams twice Operator of M/V2 thought the operator of M/V 1 signaled her to proceed and made the turn (North Bound) onto Centre Street. Operator of M/V 2 started into the intersection and was hit by M/V 1 who did not stop.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Phone #					
DEMPSEY , STEVE,	1321 WASHIN W. NEWTON				Y				
Property Damage:									
Owner (Last, First, Middle)	Phone # 34-Type De			Description of Damag	Description of Damaged Property				
Truck and Bus Information:  Registration #(From Vehicle Section)  Carrier Name Carrier Issuing Authority Code									
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_			36		
	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	nme		Material 4	digit #	Release code	42		

	→ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →[	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parking	g I ot
					☐ Garage	g Lot
		_  +			☐ Mall/Shopping C	antar
					Other Private Wa	
		 -		+		
				į	Indicate North by A	arrow
		_				
Crash Narrative:						
While writing this reportation (Straight Expiration) as				I/V 2 had a	an expired Drivers License	
(Straight Expiration) as	01 09/15/2019.	Citation was	issued.			
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	B :		- T - VI			
Carrier Name	Registration # _		(From Vel	hicle Section)	Carrier Issuing Authority Coc	35 le
Address			City		St Zip	
US DOT#:						36
37	Gross Vehicle Weight	38	ŭ <u></u>	-		
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	ligit # Release code	42
STEVEN DEMPSEY			NEW	TON POLICE DEPARTM	10/04/2	019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)