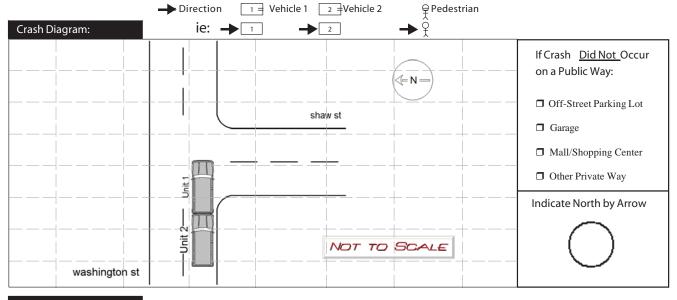
	Poli	ce Use Only		Commonwe	alth o	of Massa	achu	setts			RM	V Docu	ment Number	•	
	Date of Crash 10/05/2019	Time of Crash 13:18	City/To NEWTON	1410101		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi		State Police Local Police MBTA Polic	X i	
		24HR		P(LOCA	Report	>	2	0		ngitude_		Other:		
		ALINIER	RSECTION:		LUCA	HON	_		NU	IAI	INT	LKSL	CTION:	\dashv	2
1	SOU"	TH SHAW													
1	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ado	lress #		Na	ame of I	Roadway	//Street		2 10
	16 EAST WASHINGTON ST					Feet NSEW of or Exit Num						Exit Number			
	Route# Direc	tion N		g Roadway/Street		Feet []	N S E V	W of	wine	IVIAIRCI			Exit Number		
2	1		Also at Inter	section with				_	Route	#	Intersec	ting Roa	adway/Street	—	_ 11
1	Route# Direc	tion	Name of Interse	cting Roadway/Street		Feet	N S E	w of							2
3						Landmark								\neg	
	X Vehicle 1	1_#Occupants	Hit/Run	Moped Cas	e Number		190	00001012							
	License#		St_M		_ Reg#	4NT851			Reg T	ype_PA	N	Reg	State MA	_	
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		_ Veh Y	ear_2016	Veh	Make_V	olvo			_ Veh Co	onfig. 2		
4	Operator GU	NDERSEN	RAGNHILD First	T Endorsment	_ Owne	(Same as ope	rator)		First			Middl		_ [1 ¹²
1	Address 38 PE	RKINS ST	Fifst	wildle		SS						wildli		_	_
	City NEWTO	N	Sta	nte_MA Zip_02465	_ City _						State		Zip	_	
	Insurance Com	pany ARBELLA			_ Vehic	le Action Prior to	o Crash	1 2	1	Damage	ed Area	Code: (Circle Up to Th	hree)	
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22 2	!	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	23				9	$\langle \rangle$	10 Underca	~	
	Violation	1: ChSec	Violation	2: ChSec	Driver	ا Contributing Co	ode 1	24	24				11 Totaled		
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Towe	d <u>Y</u> 8		7		6		
	Please fill out for operator and all occupants involved						Se	26 27 eat Safety	28 Airbag Air	29 30 bag Ejec	0 31	32 Injury Tr	33 ransp.		1 13
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	os. System	Status Sw	itch Cod	e Code	\$tatus C	Ode Medical Fac		
								+			+				
3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupan	ts Non-Motorist A T	ype	Action 1	Locat	tion	16 Con	dition	17	Пн	lit/Run Mc	oped	
	License#		St_M		_ Reg#	Reg # 5GC184 Reg Type PAN						Reg	Reg State_MA		
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				_ Veh Y	Veh Year 2014 Veh Make TOYOTA Veh Config. 2									
⁸ 2	Operator BREQUEZ NATALIA Endorsment				_ Owne	Owner NAB CLEANING SER								_	
2	Address 45 PARTRIDGE AVE				_ Addre	Address 45 PARTRIDGE AVE								_	
	City SOMERVILLE State MA Zip 02145				City SOMERVILLE State MA Zip 02145								_		
	Insurance Company SAFETY				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								hree)		
	Vehicle Travel Direction: NSWW Responding to Emergency?N				_ Event	Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled								~	
						Underride/Override 25 Towed Y 6									
						26 27 28 29 30 31 32 3.					33 ransp.	\dashv			
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex I	os. Syster	Status S	witch Co	de Code		Code Medical Fa	acility	
	Орегают	1 1011-14101011181		See Above				1	4 4	U	U	10	I NOTE		



Crash Narrative:

ON 10-5-19 AT APPROX. 1318HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF SHAW AND WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON ST. SHE SLOWED TO LET THE VEHICLE IN FRONT OF HER TURN RIGHT ONTO SHAW ST. AND WHILE DOING SO WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON ST. SHE STATES VEHICLE #1 STOPPED ABRUPTLY. VEHICLE #2 WENT TO STOP BUT WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD MINOR LEFT REAR DAMAGE AND VEHICLE WAS OPERATIONAL. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. NEWTON FIRE RESPONDED AND PLACED SPEEDY DRY ON VEHICLE FLUIDS THAT LEAKED ONTO STREET. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

Witnesses:											
Name (Last, First, Middle)	Address				Phone #	Statement					
Property Damage:											
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				cription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code											
Address			City			St Zip					
US DOT #:S	State Number		_ Issuing State	ICC #:_		Interstate	36				
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Le	ength 59					
Hazmat Information:											
Placard 40 Material 1 digit #	41 Material Nat	me		Material 4	digit#	Release code	42				

THOMAS P WALSH		NEWTON POLICE DEPARTM	10/05/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date