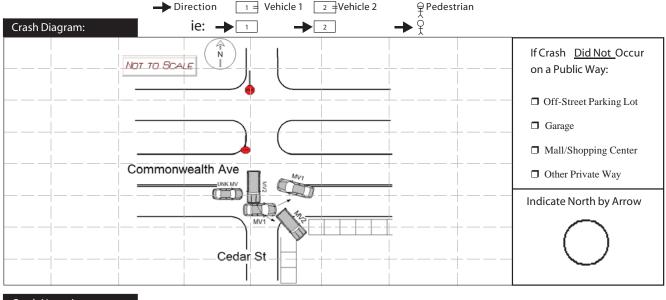
	Poli	ce Use Only		C	ommon	wealth	of	Mass	ach	use							ıt Number	
	Date of Crash 10/16/2019	Time of Crash 17:42	n City NEWTON	y/Town	Mo	otor V			sh		mber nicles	Numbe Injured		ed Lim			tate Police ocal Police ABTA Police	D
ļ	-4-4	24HR	2			Police				2		1		gitude		C	Other:	_
ŀ		AT INTE	RSECTION	N:	<	LOC	CATIC	ON	>			NOT	AT	INT	ERS	ECT	ION:	4
	SOUT	ГН CEDAI	R ST															
ľ	Route# Direct	ion	Nam	ne of Roadw	ay/Street		Rout	e# Directi	on A	Address	s #		Na	me of	Roadw	vay/Str	eet	_
1	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of or Exit Number											
•							_	Feet	N S I	z w	of	Mile N	larker			E	Exit Number	_
			Also at I	Intersection	with						-	Route#		Interse	cting R	Roadwa	ny/Street	
	Route# Direct	ion	Name of Int	tersecting Ro	oadway/Street		-	Feet	N S I	E W C	of							
1	DV2		T_	<u> </u>										La	ındmar	rk		٦
4	Vehicle1	_1_#Occupants	s Hit/R	lun _	Moped	Case Num	ber			190000	01052							
	License #	18		t CT DO	OB/Age	Re	g # <b>1AJ</b>	HL6				Reg Ty	pe_PA	N	R	leg Sta	te_CT	
- 1	Sex_F Lic. C	Class D	Lic. Restric				h Year_	014	V	eh Ma	ke_HO	NDA			_Veh	Config	g. 1	
	Operator RICI	Last	MADELE		Middle	Ov	vner _RI	CHARD	st	A	LPHIE	First			Mi	iddle		
- 1		INDERMERE	AVE (apt. 430)	05)				60 (apt. 430	5) WIN	IDERI	MERE .	AVE						
- 1	City ELLING				Zip_06029	Ci	y ELLI	NGTON						State	CT_	Zip	06029	
	Insurance Comp	pany_EMCOME	PASS INSURA	ANCE		Ve	hicle Ac	tion Prior t			1 21		amage	d Area	(Code		ele Up to Three	÷)
	Vehicle Travel	Direction: N	S X W	Responding	to Emergency	? <u>N</u> Ev	ent Sequ	ience 1			22	22 2		3		<b>4</b>		
1	Citation # (If Is	ssued)				Mo	ost Harm	nful Event	1	23		1	<b>←</b>		1	5	10 Undercarria 11 Totaled	ıge
$\frac{1}{2}$	Violation	1: ChSe	c Viola	ation 2: Ch_	Sec	Dr	iver Cor	ntributing C		99	4	24 V 8			$\overline{\mathcal{A}}$	ഉ	,	
]	Violation 3: ChSec Violation 4: ChSec						derride/	Override			Towed	<u> </u>		(				
L	Please f Name (Last Firs	ill out for oper  Middle)	ator and all o	occupants i	nvolved Address			Age/DOB	Sex	Seat S Pos. S	27 Safety A System S	28 2 irbag Airb status Swit	g Ejeci ch Code	) 31 t Trap e Code	32 Injury Status	33 Transp Code	. Medical Facility	,
	Operator				See Abov	re	-				1 3	99	0	2	8	2	NEWTON WELLESL	EY
																		_
1	Please Select O	ne N			<b>.</b>		14		15		10	6		17		)	<u> </u>	٦
_	of the Followir	IX Vehicle	e2 <u>1</u> #Occu	ipants	Non-Motoris	t A Type	A	Action	Lo	cation		Cond	tion			Hit/Ru	un Mope	d
	License#	10		t MA D	OB/Age	Re	g # <u>7CY</u>	720				Reg Ty	pe_PA	N	R	leg Sta	te MA	
١	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2014 Veh Make FORD Veh Config. 1												
		perator HAINES JANET B Endorsment  Last First Middle				Ov	Owner (Same as operator)  Last First Middle											
1	Address 223 HUNNEWELL ST					Ac	Address											
	City NEEDHAM State MA Zip 02494					Ci	City State Zip											
١	Insurance Company SAFETY INSURANCE					Ve	Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)							;)				
١	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					y? <u>N</u> Ev	_ ^  2  =0     /  \   /											
Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec  Violation 3: ChSec Violation 4: ChSec					Most H			st Harmful Event 1 23			<b>Q ←</b> 9 5 11 Te		10 Undercarria 11 Totaled	ıge				
				Dr	iver Cor	ntributing C	ode	18 2	4	24	_		<u>\</u>					
				lation 4: Ch	Sec	Ur	derride/	Override	2	25 T	owed_	<u></u> Q		7		6		
Please fill out for operator and all occupants involved								A /DCD		26 Seat	27 Safety A	28 2 irbag Airb	g Eject	31 Trap	32 Injury	33 Transp		
ļ					Addres	S		Age/DOB	Sex	Pos.	System	Status Swi	cn Coc	de Code	Status	s Code	Medical Facilit	.y
-	Name (Last Fir Operator/l	Non-Motorist			See Abov	e	-				1 4	1 99	0	0	10	1		- 1
					See Abov	re	-				1 4	1 99	0	0	10	1		$\dashv$
					See Abov	e	-				1 4	1 99	0	0	10	1		_ 



## Crash Narrative:

On Wednesday, October 16, 2019, I, Patrolman Hatfield, was assigned to marked cruiser N 495 to Division 5 for the 1530 to 2330 hour shift.

At approximately 1742 hours, FTO Guarino and I were dispatched to Commonwealth Ave at Cedar St for a motor vehicle accident with minor injuries.

FTO Guarino and I arrived on scene and noticed two MVs with damage. I spoke with the RO/operator of MV2,

Janet Haines (Janet). Janet stated she was not suffering from injuries. Janet said she was operating

southbound on Cedar St crossing Commonwealth Ave when she had a collision with MV2. Janet stated prior to

crossing Commonwealth Ave, an unknown MV stopped at the intersection to allow her to cross. Janet then stated

she proceeded accross when she crashed into MV1, who drove around the stopped MV. Janet said her brakes did

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Add	lress				Phone #	<u> </u>	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	ing Authority Co	35 de
								de
Carrier Name		(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number38	(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(	City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number	(	City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gros	State Number	(	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Number	Reg State	City Issuing State	ICC #: Tr	ailer Lengt	St	Zip Interstate	de

 MARK HATFIELD
 NEWTON POLICE DEPARTA
 10/16/2019

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

<b>→</b>	➤ Direction	1 = Vehicle 1	2 ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	<b>→</b>	Ŷ			
					I	rash <u>Did Not</u> Occ a Public Way:	cur
						Off-Street Parking Lo	ot
		_				Garage	
	į	į į		į		Mall/Shopping Cente	er
		_		+		Other Private Way	
		_			Indi	icate North by Arro	w
	· — — — —	 -					
Crash Narrative:							
not work and she continued	to drive for	ward and ended	l on top of the	curb of	Commonwealth	Ave facing	
eastbound. MV2 suffered dam	mage to the wh	hole front bum	mper and wheel	wells.			
FTO Guarino spoke with the	operator of N	MV1, Madeleine	Richard (Made	leine).	Be advised bot	h front and	
side driver airbags were de	eployed, and	the front driv	rer's side door	was una	ble to be open	ed. I then spok	ke
with Madeleine. Madeleine	stated she was	s operating ea	stbound on Com	monwealt	h Ave before b	eing involved i	in the
collision. Madeleine stated	d she drove a	round the MV i	nfront of her	that was	attempting to	take a left fi	rom
Commonwealth Ave onto Cedar	r St, and she	e did not see	MV2 prior to t	he accid	ent. MV1 was s	truck on the	
driver's side by MV2, and	ended facing	westbound in	the middle of	Commonwe	alth Ave.		
EMTs and fire arrived on so	cene. Janet st	tated she did	not need to be	transpo	rted. Madelein	e was transport	ted to
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	# St	atement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	D : : : "		(F. W1)	1.0 .: )			
Carrier Name	Registration # _		(From Vehi	,	Carrier Iss	uing Authority Code	35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 3	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer I enoth		
Hazmat Information:		105 5440	1.05 1.04	110			
Placard 40 Material 1 digit #	41 Material	Name		Material 4 o	ligit #	_ Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

_	Direction 1	∃ Vehicle 1 2	2_≢Vehicle 2	₹ Pedestri	an		
Crash Diagram:	ie: 🕕 🛚 1	<b>→</b> 2	2	₽Ŷ			
					on a	ash <u>Did Not</u> Con Public Way:  Off-Street Parking Garage  Mall/Shopping Centher Private Way  ate North by An	Lot
Crash Narrative:							
Newton Wellesley Hospital	for an evaluati	Lon.					
Both MVs were towed by Too	lys.						
Witnesses							
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damac	jed Property	
Truck and Bus Information:	Designation #		(From Vo	hicle Section)			
Carrier Name	_		,	flicie Section)	Carrier Icen	ing Authority Code	35
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:		_ Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Veer	Tro	iler Length		
Hazmat Information:	Reg Type	Reg state	Keg Ital_	11a	nor Longui		
40	41						42
Placard Material 1 digit	# Material Na	ame		Material 4 d	igit #	Release code	
MARK HATFIELD			NEW	TON POLICE DEPARTM		10/16/20	19
Police Officer Name (Please Print)	Signature		ID/Badge # De	epartment	Precinct/Barra	cks Date	

CDP1 11 ·24·00