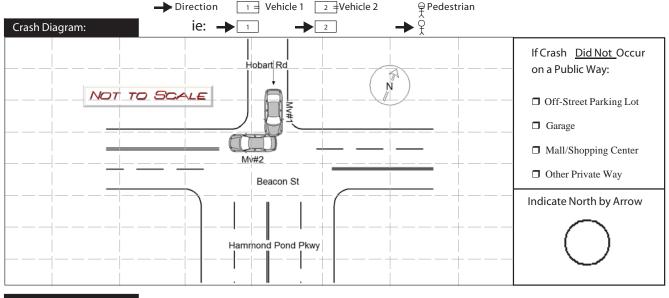
	Poli	ce Use Only		Com	ımonwea	lth o	of Massa	achi	use	etts			RM	V Doc	cumer	ıt Number	
	Date of Crash 10/17/2019	Time of Crash		Town	Motor	Veh	icle Cra	sh		mber	Nun Inju		eed Lim		S	tate Police ocal Police /IBTA Police	□ Xi
	10/17/2019	07:24 24HR	NEWTON		Pol	lice I	Report		2	neres	0		ongitude			ABTA Police Other:	
		AT INTER	SECTION	•	< I	LOCAT	ΓΙΟN :	>			N	OT A	ΓΙΝΤ	ERS	ECT	ION:	\Box _
	WEST	г веасоі	N ST														2
1 1	Route# Direct			of Roadway/St	treet	I	Route# Direction	on A	ddress	s #		1	Name of	Roadw	/ay/Str	eet	
	SOU	TH HOBAR	RT RD			-	Feet [N S E	W	of –		 le Marke	•	or	F	Exit Number	-
	Route# Direc	tion N	ame of Intersec		Street		Feet N	NSE	w c	of	1411	ie iviarie	-		-	zati ivumoci	_
			Also at in	tersection with					_		Rou	ite#	Interse	cting R	Roadwa	ny/Street	-
2 2	Route# Direct	tion	Name of Inter	secting Roadw	av/Street	I-	Feet N	N S E	W	ÞΪ							_ 3
3				- -	·								La	ndmar	·K		-
	XVehicle1	#Occupants	Hit/Ru	n M	oped Case I	Number		1	90000	01058							
	License#				ge	Reg#_	8JE345				_Reg	Type_P	AN	R	eg Sta		_
	Sex_F_ Lic. 0	Class D 18 18	Lic. Restricti		CDL	Veh Ye	ear_2018	Ve	h Ma	ke_MA	AZDA			_Veh	Config	g. 20	
4	Operator RIL	EY Last	ALLY	YU	Endorsment UNHUIJING Middle	Owner	RILEY		Bl	REND	AN First				ddle		- 1
4	Address 98 BE	ECH AVE	First		Middle	Addres	98 BEECH A	VE			First			Mit	aaie		
	City MELROS			State_MA Z	ip_02176		MELROSE						State	MA	Zip	02176	
	Insurance Com	pany PROGRESS	SIVE DISTRI	CT		Vehicle	Action Prior to	Crash		1 21		Dama	ged Area	Code	: (Circ	cle Up to Thre	ee)
5		Direction: N			mergency? N	Event 5	Sequence 1 2	22 2		22	22	0	3		4		
2		ssued)					Harmful Event	1 23	3					A		10 Undercarr	iage
	,	1: ChSec_		on 2: Ch	Sec		Contributing Co		99 2	4	24	•	' / '	4	5	11 Totaled	
⁶ 2		3: ChSec_					ide/Override	25	7	 Towed	N	8	7		6		
		fill out for opera				Underr	ide/Override					29	30 31 ect Trap	32 Injury	33 Transp		
	Name (Last Firs				Address		Age/DOB	Sex	Pos. S		28 Airbag Status		ode Code		Transp Code	Medical Facili	1 1
	Operator				See Above					99	4	99 0	0	10	1		
⁷ 2	Please Select C of the Followir	IX Vehicle	2 <u>3</u> #Occup	ants Nor	n-Motorist A Typ	ne 1	4 Action 1	5 Loc	ation	1	.6 Ca	ondition	17		Hit/R	un Mop	ed
	License #		Ct :	MA DOR/	A go	Pag # 8	8DG181				Pag	Type_P	AN	D	og Sto	to MA	┥.
	License # St MA DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				<i>C</i> –	Veh Year 2015 Veh Make HONDA						Reg State MA Veh Config. 1				-	
8	l		MONDI	ions 3	CDL Endorsment				n ivia	ке				_ ven	Conn	3. 1	
1	1 Operator BYLYSHI MONDI Last First Middle Address 86 HIGHLAND RD (apt. 3)						Owner (Same as operator) Last First Middle										-
				a MA a	. 00445		SS										-
	City BROOKI			State MA Z	ıp <u>02443</u>					21		Dama	State			ele Up to Thre	-
	Insurance Company SAFETY Vehicle Travel Direction: NSEX Responding to Emergency? N						Action Prior to			2 21		Dama 2	gea Area		(Circ	we oh m mil	~
							Event Sequence 1 22 22										iage
	Citation # (If Issued) Most Harmful Event 1 5 11 Totaled								Ĭ								
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 7 6																
ı		n 3: ChSec				Underr	ide/Override		Т	owed_			20 21	122			_
	Plo Name (Last Fir	ease fill out for o	operator and	all occupants	involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag Status	29 Airbag Ej Switch C	30 31 ect Trap Code Code	32 Injury Status	Transp Code	Medical Faci	lity
	Operator/	Non-Motorist		5	See Above					99	4	99 0	0	10	1		
	HARTSGROV	E, MARISSA						F	4	99	4	99 0	0	10	1		
	GRANT, JORI	DYN						F	6	4	99	99 0	0	10	1		



Crash Narrative:

Mv#1 came to a stop at the traffic light at the end of Hobart Rd S/B at the intersection of Beacon St. All traffic lights were on flash mode. #1 had a flashing red light. #1 stated she proceeded straight ahead after she believed traffic was clear. #1 middle/passenger side front end struck Mv#2 passenger side rear quarter panel area which was travelling through the intersection on Beacon St W/B.

#2 stated he had a flashing yellow light and was negotiating his way through the intersection on Beacon St
W/B. #2 stated at that time he was struck on the passenger side rear quarter panel area.

Both vehicles sustained moderate damage.

Observations upon arrival was heavy rush hour traffic with the intersection completely congested as vehicles were trying to get through it on flashing lights. City of Newton traffic light contractor Dagle Electric was

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property		
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)		Carrier Issu	ning Authority Coo	35 le	
								le	
Carrier Name			City			St	Zip	le	
Carrier NameAddressUS DOT #:			City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code Growth Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Zip Interstate	le	

	Direction	1 = Vehicle 1 2	2 #Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	<u>2</u> →			
Crash Diagram:					If Cras on a P Off. Gar Ma	h Did Not Occur ublic Way: -Street Parking Lot age II/Shopping Center er Private Way e North by Arrow
notified to respond.						
Witnesses:		1				10
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damageo	Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name			(Carrier Issuing	Authority Code 35
Address			City		St	·
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:					·	
Placard 40 Material 1 dig	git # 41 Material	Name		_ Material 4 o	ligit # F	telease code 42
			_			
ADAM D GABRIEL		25117	/ NEWTO	ON POLICE DEPARTM		10/17/2019

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)