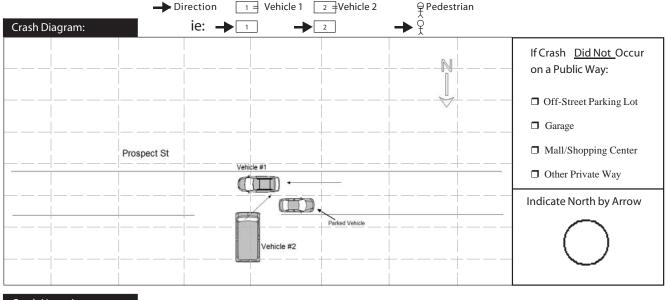
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			ator and all oc	cupants involved					26 Seat	27 Safety	28 Airbag	29 Airbag	30 Eject	31 Trap Code	32 Injury Status	33 Transp.			13 1
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	STODULSKI,	SOPHIA	1	07 FLAGGER RD LEOMINSTER, MA				F	12	99	4	99	0	0	10	1	NONE	\exists	
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	ce Use Only		Common					_					nt Number	_
Date of Crash 10/17/2019	Time of Crash 14:36	City/I NEWTON	own Mo		hicle Cra	sh 1	Number Vehicles	1		Speed L Latitude			State Police Local Police MBTA Police	X
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Operator			See Abov	/C			-	\vdash			+	+		
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Operator <u>VEL</u>	Last	SAUL First	Middle	Owr	ner VAN POOL T	TRANSP(Firs	t		M	iddle		_
	ARENDON ST		tate MA Zip 01420		ress BX1000									_
City FITCHBU		City	City WILBRAHAM State MA Zip 01095									_		
Insurance Com	pany_PILGRIM	Veh	icle Action Prior to	Crash	3	1		aged A		e: (Cire	cle Up to Thr	ree)		
Vehicle Travel	Direction: N	y? <u>N</u> Ever	nt Sequence 1	22 22	22	22	2	$\overline{\Lambda}$	3	→ ⁴	10.171			
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CHATALIAN,	CHDICTION	1	B WRENDALE CT			M 12	99	4	99	0 0	10	1	NONE	



Crash Narrative:

The operator of MV #1 (MA reg 466xd6) stated she was traveling eastbound on Prospect St. towards Washington St. when her vehicle was struck on the rear driver's side door by MV2.

The operator of MV #2 (Pupils reg 108630) stated he was pulling out of the parking lot of the Learning Prep School, 1507 Washington St. when he collided into the passenger side of MV #1. The operator of MV#2 stated they looked in both directions prior to turning westbound onto Prospect St. but a vehicle parked by the school parking lot exit obscured his view of traffic.

Heavy damage was observed to the passenger side door of MV#1. Minor damage to the driver side bumper was observed on MV #2. The operator of MV #1 along with her passengers were not injured and declined medical attention. The operator of MV #2 along with the children inside were not injured and declined medical

(Continued of	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description o	of Damage	ed Property	
Truck and Bus Information: Carrier Name VAN POOL TRANSPOL	Registration # 1086	30	(From Vehic	ele Section)	Cai	rrier Issuir	ng Authority Coo	35 le
Address_100 BX100			City WILBRAHAM		S	t_MA	Zip_0109	5
US DOT #:	State Number		Issuing State MASS	SAC ICC #:_			_ Interstate _	36 99
Cargo Body Type Code 2 37 Gross	s Vehicle Weight 1	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	33		
Hazmat Information:					_			
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit #		Release code	42

DANIEL SOHN 10/17/2019 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date

Crash Diagram:	-	Direction 1	∃ Vehicle 1 2	+Vehicle 2	₹ Pedestri	an		
On a Public Way:	Crash Diagram:	ie: 🕕 🛚 1	2	□ →	₽Ŷ			
Witnesses: 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: Carrier Name Address Carry Address A	Crash Diagram:				> Ŷ.	If Cr on a	Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot
Witnesses: 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: Carrier Name Address Carry Address A								
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Name (Last, First, Middle) Address Phone # Statement Address Phone # S	away the scene.							
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Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42 DANIEL SOHN Newton Police Departs 10/17/2019	Address			City		St	Zip	
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		Signature				Precinct/Barra		

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