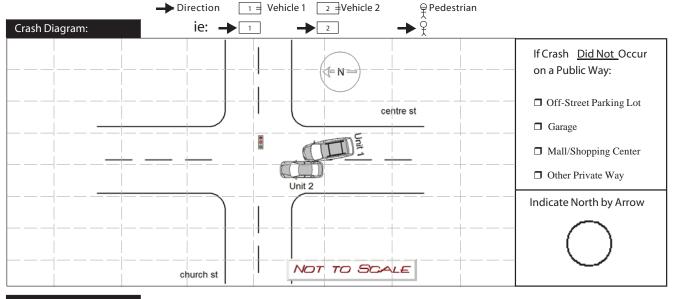
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RM	V Doc	umen	t Number	
	Date of Crash 10/24/2019	Time of Crash 08:30	NEWTON	1/10101		icle Cra	sh [Number Vehicles	Injure	d Lati	ed Lim		- M	tate Police [cocal Police] BTA Police [ב מ ב
		24HR	SECTION:		OCAT	Report	>	2	0 NO		gitude_			ther:	
		ATINIER	SECTION:		JOCA I	HON			NU	T AT	INI	LKSI	LC I	ION:	2 9
1	WES														
1	Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street						eet	2 10				
	NORTH CENTRE ST				Feet NSEW of or Mile Marker Exit Number							xit Number			
	Route# Direc	etion N	Name of Intersecting Also at Interse		—t	Feet [N S E V	V of							1
2			7 Hoo at Thers	otton with		Feet [N S E V	V of	Route	#	Intersec	ting R	oadwa	y/Street	2 11
1	Route# Direc	tion	Name of Intersect	ing Roadway/Street			1 - 1 - 1				La	ndmarl	ς		_ 3
3	X Vehicle 1	3_#Occupants	☐ Hit/Run	Moped Case N			400						_		7
	ZZ Veinere i	<u>s</u> "Occupants		r case r	Number			0001091							4
	License#	18 1	St MA		Reg#_									20	
	Sex_F_ Lic.		Lic. Restrictions	CDL Endorsment		ear_2016			IA			_Veh (Config	. 2	
3	Operator PET		MAUREEN First	Middle		VAN POOL T	TRANSPO		First			Mid	ldle		1 12
	Address 82 EN				Address BX1000 City WILBRAHAM State MA Zip 01						04.005				
	City N. ATTL			e_MA _ Zip _02760	-	VILBRAHAM									
5	1	pany PILGRIM				e Action Prior to		22	22 2	_	ea Area	Code:	(Circi	le Up to Three	'
1		Direction:		nding to Emergency? N		sequence 1	23	22			\bigcap	\overline{A}	`	10 Undercarria	σe.
	,	ssued)				Harmful Event	1	24	24	←	9			11 Totaled	,0
⁶ 1	1			2: ChSec		Contributing Co	ode 19				7	<u> </u>) 6		
1			ator and all occup	ents involved	Underr	ride/Override		Towe	d <u>¥</u>		0 31	32	33		13
	Name (Last Fir		ator and an occup	Address		Age/DOB	Sex Po	26 27 at Safety s. System	28 Airbag Air Status Sw	29 30 bag Ejec itch Code	O 31 Trap e Code	32 Injury Status	33 Transp. Code	Medical Facility	1
	Operator		56 N	See Above IT. VERNON ST.				1	4 4	0	0	10	1	NONE	_
	MILOJKOVIC	C, ZORA	DEI	OHAM, MA 02026			F 3	1	4 4	0	0	10	1	NONE	_
	GIGLIO, CAS	SANDRA		NCOLN SHINE DR. JTON, MA 02021			F 6	1	4 4	0	0	10	1	NONE	
⁷ 2	Please Select C of the Followi	IX Vehicle	22 1 #Occupants	Non-Motorist A Type	e 1	4 Action 1	Locati		16 Con	dition	17		Hit/Ru	In Mope	d
	License#		St MA		Reg # 1CME93 Reg Type_PA					ype_PA	N	Re	eg Stat	e MA	7
	Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Year_2014 Veh Make_HONDA				Veh Config. 1						
⁸ 2	Operator SINCLAIR HAMUDY Last First Middle			Endorsment	Owner (Same as operator) Last First Middle										
_	Address 242 C	CURVE ST			Addres	SS									
	City DEDHA	M	Stat	e MA Zip 02026	City_						State		_Zip_		
	Insurance Com	pany GEICO			Vehicle	e Action Prior to	Crash	1 2	1	Damage	_		(Circl	le Up to Three)
Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 0 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								ge	
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24														
	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed Y 8 7 6									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex Po	26 27 at Safety os. System	28 Airbag Air Status S	29 30 bag Ejec witch Coo) 31 Trap de Code	32 Injury Status	33 Transp. Code	Medical Facility	_
		Non-Motorist		See Above				1	4 4		0	10	1	NONE	
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Crash Narrative:

ON 10-24-19 AT APPROX. 0830HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CENTRE AND CHURCH ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING N-BOUND ON CENTRE ST. PREPARING TO TURN LEFT ONTO CHURCH ST. DRIVER STATES AS SHE WAS ABOUT TO TURN VEHICLE #2 CAME UP ON HER LEFT AND SHE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #2 STATES HE WAS BEHIND VEHICLE 1. HE WAS ALSO N-BOUND ON CENTRE AND WANTED TO TURN LEFT. DRIVER STATES HE GOT INTO THE LEFT ONLY LANE AND PREPARED TO TURN LEFT WHEN VEHICLE #1TURNED LEFT AND HIT HIS RIGHT SIDE. VEHICLE #1 HAD LEFT FRONT BUMPER SCRAPES. VEHICLE #2 HAD RIGHT SIDE DAMAGE. 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)	Owner (Last, First, Middle) Address			34-Type	Description of Damaged	cription of Damaged Property			
Truck and Bus Information:	D			. 1 . 0	<u>I</u>				
Carrier Name	Registration #		`		Carrier Issuing	Authority Code 35			
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36			
Cargo Body Type Code 37 Gros	s Vehicle Weight	38			39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		_ Material 4	digit#R	telease code 42			

THOMAS P WALSH		NEWTON POLICE DEPARTM	10/24/2019		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date