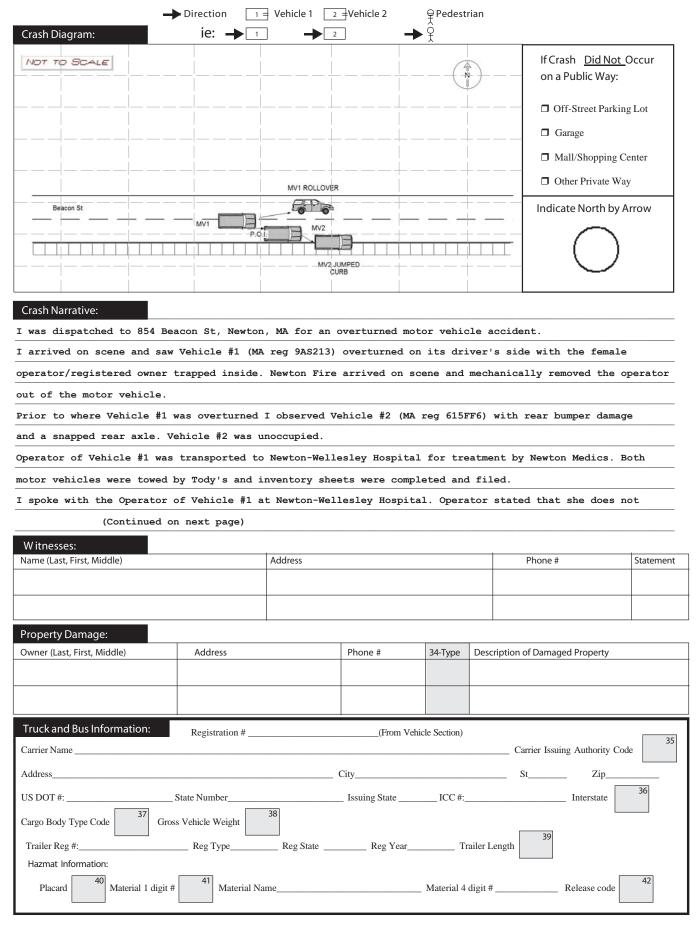
[Poli	ce Use Only		Commonwo	ealth	of Massa	achus	setts		RI	MV Doc	ument Nu	mber	
	Date of Crash 10/27/2019	Time of Crash 18:15 24HR	NEWTON	171010		nicle Cra Report	\	/ehicles I	Number Injured 1	Speed Li Latitude Longitud		State I Local MBTA Other:	Police Police No Police Police	
		AT INTE	RSECTION:	<	LOCA		>		NOT .	AT IN	TERSI	ECTION	N:	2
1						EAST	854		EACON					
4	Route# Direction Name of Roadway/Street At					Route# Direction					f Roadwa	-		2 ¹
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number							umber	
	Koute# Direc	tion 1		rsection with		Feet [N S E W	_	Route#	Inters	secting R	oadway/Str	eet	
² ₃		<u> </u>	N Slut	tion Day Improvious t		Feet [N S E W	_	reducii	inter	scotting re	oud way su		2 ¹
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1	1_#Occupants		_ 1 Ca	se Number	r	1900	0001102						
	License # St MA DOB/Age				-			F					A 20	
	Sex_F Lic. (Lic. Restriction	ns B CDL Endorsment		Year 2010		/lake_LAN	DROVE	K	Veh (Config.	1	1
⁴ 1	Operator ARC	Last ACON HEIGH	First	Middle		(Same as oper			First		Mid	dle	—	1
	City NEWTO			ate_MA Zip_02459		Address City State Zip								
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								
5 1	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency? N	_ Event	Sequence 2	22 43 22	22 2	2 0		3	4		
	Citation # (If Is	ssued)			Most	Harmful Event [43 23	24	1 4	-]	9	10 U 5 11 T	ndercarriage otaled	
⁶ 2				1 2: ChSec		r Contributing Co	ode 19	12			7	6		
2	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override						1.		
	Name (Last Fire			Address See Above		Age/DOB	Sex Pos	. System Sta	bag Airbag tus Switch	Code Coc	le Status	Code Med	ical Facility	2
										0 1				
⁷ 1	Please Select C of the Followin	I A Venicia	e2 <u>0</u> #Occupan	ts Non-Motorist A	Гуре	14 Action 1	Location Location	on 16	Condition	on 1	7	Hit/Run [Moped	
	License#StDOB/Age				Reg#	Reg # 615FF6I				Reg Type PAN Reg			State_MA	
	Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Y	Veh Year 2009 Veh Make TOYOTA Veh Config. 1								
8 1	Operator					Owner ETISH-ANDREWS JANE Last First Middle								
	Address					Address 181 BELLEVUE ST								
	City State Zip Insurance Company COMMERCE					City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: NSWW Responding to Emergency?N					Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 20 22 22 22 2 3 4								
	Citation # (If Issued)				Most	Most Harmful Event 1 23 10 Undercarriage								
	Violation	Drive	Driver Contributing Code 1 24 24											
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed Y 8 7								
į							1 -	(27 -	20 20	20 -	21 22	22		
	Plo Name (Last Fi	ease fill out for		l occupants involved		Age/DOB	Sex Po	6 27 2 tt Safety Airl s. System St	28 29 pag Airbag atus Switch	30 S Eject Traj Code Co	31 32 p Injury ode Status	Transp. Code Me	dical Facility	
	Plo Name (Last Fi	ease fill out for		l occupants involved		Age/DOB		6 27 27 safety Airlus. System St	28 29 bag Airbag ratus Switch	30 S Eject Trap a Code Co	31 32 p Injury Status	Transp.	dical Facility	
	Plo Name (Last Fi	ease fill out for		l occupants involved				6 27 2 tt Safety Airthus. System St	28 29 pag Airbag atus Switch	30 S Eject Traj Code Co	31 32 p Injury ode Status	Transp.	dical Facility	



→	Direction 1	■ Vehicle 1 2	2 ≢Vehicle 2	Pedestr	ian			
Crash Diagram:	ie: → 🛚	→ 2	→	Ŷ				
					I	<u>Did Not</u> Occur blic Way:		
					□ Off-S	Street Parking Lot		
					Gara	ge		
	į	į į	į		☐ Mall	/Shopping Center		
	· — — — — —					r Private Way		
	- — — — —				Indicate	North by Arrow		
		 				\frown		
						()		
					- — —			
Crash Narrative:	ore the crash :	and that she	only remembers	waking	up in her car. T t	told her that her		
car was towed and a report		<u> </u>			<u></u>			
Ofc Selig spoke with the re	egistered owner	r of Vehicle	#2 and notifie	d her of	the incident.			
Based on my investigation	it appears that	t Vehicle #1	struck the rea	r of Veh	icle #2 and the op	perator over		
steered causing the vehicle	e to overturn	onto the driv	ver's side.					
Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damaged	Property			
Truck and Bus Information:	Pagistration #		(From Vehi	ala Saction)				
Carrier Name	Registration #	,	Carrier Issuing Authority Code 35					
Address								
US DOT #: State Number Issuing State ICC #: Interstate 36								
37	ss Vehicle Weight	38	_ 0					
		Pag State	Dog Voor	Tuc	silar Langth			
Trailer Reg #: Hazmat Information:	keg 1ype	Keg State	keg Year	1ra	mei Lengin			
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4 c	ligit#Re	lease code 42		
MARK HATFIELD			NEWTO	N POLICE DEPARTN		10/27/2019		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)