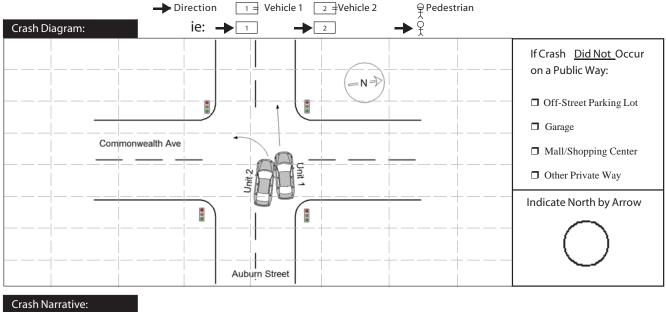
| | Poli | ice Use Only | | Commo | onweal | th o | f Massa | achu | isett | S | | RM | IV Doc | umen | t Number | |
|-----------------------|--|----------------------------|---------------------|--------------------|-----------------------|--|---|-------|-------------------|------------|--------------|--------------------|--------------|---------------|---|-------------|
| | Date of Crash 11/13/2019 | Time of Crash | City/To | own N | Motor ' | Vehi | icle Cra | sh | Numbe | | | Speed Lir | | Si L | tate Police ocal Police IBTA Police | <u> </u> |
| | 11/13/2019 | 09:33 24HR | | | Poli | ce F | Report | | 2 | 0 | | Longitude | | | IBTA Police other: | |
| | | AT INTER | RSECTION: | | < Lo | OCAT | TION | > | | N | OT A | T INT | ERS | ECT | ION: | $\exists z$ |
| | WES | T AUBUR | RN ST | | | | | | | | | | | | | - - |
| 1 1 | Route# Direc | | | Roadway/Street | | R | Route# Direction | on Ad | dress # | - | | Name of | Roadw | ay/Stre | eet | |
| | At COMMONWEALTH AVE WN | | | | | Feet NSEW of or | | | | | | | | 1 | | |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Mile Marker Exit Number | | | | | | | | _ | | |
| | | | | rsection with | | - | Feet I | N S E | W of | Rou | ıte# | Interse | ecting R | oadwa | y/Street | - |
| 2 1 | | | | | | | Feet [| N S E | W of | | | | | | J | 4 |
| | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | | |
| 3 | XVehicle1 | _1_#Occupants | Hit/Run | Moped | Case N | umber | | 19 | 0000110 | 58 | | | | | | |
| | License# | | St M | A DOB/Age | | Reg#_H | 3CS11 | | | Reg | Tyne | PAS | R | eo Stat | _e MA | - |
| | Sex_M Lic. 0 | 18 1 | | 19 | | - | ar_2015 | Veh | Make | | | | | Config | 20 | _ |
| 4 | Operator RYA | | RICHARD | J Endor | rsment | | MANAGEMI | | | | | | _ ven | Comig | 5- | _ - |
| 3 | Address 16 LE | Last EWIS ST | First | Mid | ldle | | S 171 SHERID | | | First | | | Mic | idle | | - L |
| | City MEDFOI | | St | ate_MA Zip_021 | 155 | | EASTON | | | | | Sta | MA | 7in | 02356 | - |
| | | npany_PHILADE | | atc2.p | | - | Action Prior to | Crash | | 21 | | | | _ ^ | le Up to Thre | ee) |
| 5 | | Direction: N | | onding to Emerge | mov? N | | Sequence 1 | 22 22 | 22 | 22 | 2 _ | : | 3 | 4 | • | |
| 1 | | ssued) | | boliding to Emerge | incy: | | farmful Event | 23 | | | | | | | 10 Undercarr | iage |
| | , | | | n 2: ChSec_ | | | L | ode 1 | 24 | 24 | 1 | - | 9 | 5 | 11 Totaled | |
| ⁶ 1 | | | | | | | Contributing Co | 25 | | uad Y | 0 | (| \mathbf{O} | 6 | | |
| | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | | Underride/Override Towed Y Towed Y Age/DOB Sex Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Status Code Medical Facility | | | | | | | | | |
| | Name (Last Fir | | 1 | Add | lress | | Age/DOB | Sex F | | | | | | Code | Medical Facili | ity . |
| | Operator | | | See Al | bove | | | | 1 | 4 | 4 | 0 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select C of the Followi | IX Mahida | 2 <u>1</u> #Occupan | ts Non-Moto | orist A Type | 14 | 4 Action 1 | Loca | ition | 16 Co | onditio | n 17 | | Hit/Ru | ın Mop | ed |
| | License #St MA_DO | | | | g # 1YWH61 Reg Type 1 | | | PAS | AS Reg State MA | | | _ | | | | |
| | Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL | | | | | Veh Year 2019 Veh Make SUBA Veh Config. 1 | | | | | | | | | | |
| 8 1 | Operator ROOKS TRISTAN A Endorsment | | | | | Owner (Same as operator) | | | | | | | | | _ | |
| 1 | Address 24 OLD SUDBURY RD | | | | | Last First Middle Address | | | | | | | | | | |
| | City LINCOLN State MA Zip 01773 | | | | 773 | CityStateZip | | | | | | | | | | |
| | Insurance Com | insurance Company COMMERCE | | | | | Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | ee) |
| | | | | sponding to Emerge | ency?N | Event Sequence 1 22 22 22 22 20 3 4 | | | | | | | | | | |
| | Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec | | | | • | Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled | | | | | | | | | iage | |
| | | | | | : | | | | | | | | | | | |
| | Violation 3: Ch Sec Violation 4: Ch Sec | | | | | Underride/Override 25 Towed Y 8 7 6 | | | | | | | | | | |
| | Pl | ease fill out for | | l occupants invol | ved | | | | 26 2 Seat Safe | | 29 Airbag | 30 3 Eject Trap | 32 Injury | 33 Transp. | | \dashv |
| | Name (Last Fi | Non-Motorist | 1 | Ad See Al | hove | | Age/DOB | | Pos. Sys | tem Status | Switch | Code Coc | | Code 1 | Medical Faci | lity |
| | Орегаюн | MIOTOTIST | | Sec At | | | | | 1 | ** | T | 0 | 10 | 1 | | \dashv |
| | | | | | | | | | + | + | | | | | | |
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| | | | | | | | | | | | | | | | | |



The operator of MV#1 stated that he was traveling west on Auburn St directly behind MV#2 at the intersection of Commonwealth Ave. According to operator #1, MV#2 had its let turn directional on to turn onto Commonwealth Ave east bound so he proceeded to drive around him as he was continuing to travel on Auburn St. Operator #1 states that as he was passing MV#2 he observed MV#2 turn slightly to his right, crashing into MV#1. The operator of MV#2 stated that he was traveling west on Auburn St attempting to take a left onto Commonwealth Ave. Operator #2 states that he may have turned his MV to the right slightly as MV#1 passed on his right, but stated that MV#1 was traveling extremely fast. No injuries, no tows.

| Witnesses: | | | | | | |
|--|------------------------------|---------|--------------------|---------|----------------------|------------------------|
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damag | ged Property |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Tourston of Dear to Comment to | | | | | | |
| Truck and Bus Information: | | | (From Vehic | | | 35 |
| Truck and Bus Information: Carrier Name | | | (From Vehic | | Carrier Issu | ning Authority Code 35 |
| | | | | | | ning Authority Code |
| Carrier Name | | | City | | St | zip |
| Carrier Name Address US DOT #: | | | City | | St | zip |
| Carrier Name Address US DOT #: | State Numbers Vehicle Weight | 38 | City Issuing State | ICC #:_ | St | zip |
| Carrier Name | State Numbers Vehicle Weight | 38 | City Issuing State | ICC #:_ | St | zip |

| GEORGE M CLAFLIN | | NEWTON POLICE DEPARTM | 11/13/2019 | | |
|------------------------------------|-----------|-----------------------|------------|-------------------|------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |