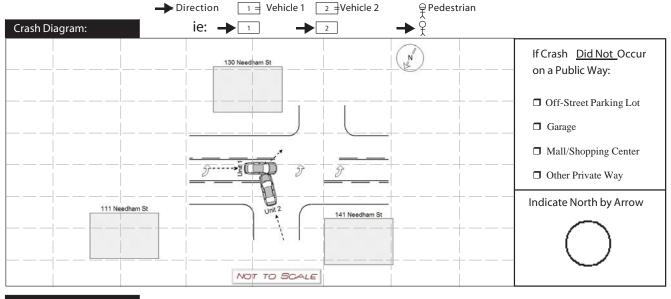
| Poli                                    | ice Use Only   |                      | <u>Com</u> m      | onweal           | lth o      | f Massa   | achu    | setts              |                  |                      | RMV                    | V Docur                 | nent Number                                 |        |
|---|--|----------------------|-------------------|------------------|------------|---|---------|--------------------|------------------|----------------------|------------------------|-------------------------|---|--------|
| Date of Crash<br>11/23/2019             | Time of Crash  | City/1 NEWTON        | own               | Motor            | Vehi       | icle Cra  | sh      | Number<br>Vehicles |                  |                      | ed Limi<br>itude       |                         | State Police<br>Local Police<br>MBTA Police |        |
| 11/23/2019                              | 24HR   |                      |                   | Poli             | ice F      | Report  |         | 2                  | 0                |                      | igitude_               |                         | Other:                                      | e 🔲    |
|   | AT INTER   | RSECTION:            |                   | < L              | OCAT       | ION   | >       |                    | NO               | Г АТ                 | INTI                   | ERSE                    | CTION:                                      |        |
|   |  |                      |                   |                  |            | WEST  | 130     |                    | NEED             | HAM S                | T                      |                         |   |        |
| Route# Direction Name of Roadway/Street |  |                      |                   |                  |            | Route# Direction Address # Name of Roadway/Street |         |                    |                  |                      |                        |                         |   |        |
| -                                       |  |                      | At                |                  |            | Feet 1  | N S E V | V of               |                  | (                    | •                      | or                      |   |        |
| Route# Direc                            | etion N  | Name of Intersect    | ing Roadway/Stree | et               | — <u> </u> |   | 1~1~1   |                    | Mile             | Marker               |                        |                         | Exit Number                                 |        |
|   |  |                      | ersection with    |                  | -          | Feet  | SEV     | V of               | Route            | #                    | Intersec               | ting Roa                | dway/Street                                 | _      |
| Route# Direc                            |  |                      |                   |                  |            | Feet  | SEV     | V of               | reduce           | ,,                   | intersee               | ting itou               | away/Bacca                                  |        |
| Route# Direc                            | tion   | Name of Inters       | secting Roadway/S | treet            |            |   |         |                    |                  |                      | Laı                    | ndmark                  |   |        |
| XVehicle1                               | _1_#Occupants  | Hit/Ru               | n Mope            | d Case N         | umber      |   | 190     | 0001204            |                  |                      |                        |                         |   |        |
| License#                                |  | St <sup>1</sup>      | MA DOB/Age_       |                  | Deg # (    | CIT112  |         |                    | Pag T            | vne PA               | S                      | Pag                     | State MA                                    |        |
| Sex_F Lic.                              | 18 1   |                      | 19                | DL               | -          | ar_2019   |         |                    | _                |                      |                        | _                       | 20  | П      |
| Operator FIN                            |  | DIANNE               | Enc               | lorsment         |            | (Same as oper                                     | to)     |                    |                  |                      |                        |                         | ming  | J      |
| Address 50 CI                           | Last<br>HAPIN RD   | First                | N                 | Middle           |            | Las   | t       |                    | First            |                      |                        | Middle                  | ;   | _      |
| City NEWTO                              |  |                      | tate_MA Zip_0     | 2459             |            |   |         |                    |                  |                      |                        | ,                       | 7in   | _      |
| Insurance Com                           |  | ·                    | nateZip_          |                  | -          | Action Prior to                                   |         | 2                  |                  |                      |                        |                         | Circle Up to Th                             |        |
|   |  | S F W D              | sponding to Emer  | namar 2 N        |            |   | 22 22   | 22                 | <b>22</b> 2      |                      | 0                      |                         | <b>(4)</b>                                  | ĺ      |
|   |  |                      | sponding to Emer  | gency ?_1        |            | requence  | 23      |                    |                  |                      |                        | $ \nearrow $            | 10 Underca                                  | rriage |
| `                                       | ssued)   |                      | on 2: ChSe        |                  |            | armful Event                                      | 1 0     | 24                 | 24               | <b>←</b>             | 9                      |                         | 5 11 Totaled                                |        |
|   |  |                      | on 4: ChSe        |                  |            | Contributing Co                                   | ode 99  |                    | . N 8            |                      | 7                      |                         | 6   |        |
|   |  |                      | upants involved   |                  | Underri    | de/Override                                       |         | Towe               |                  | 29 30<br>bag Ejec    | 0 31                   | 32<br>Injury Tra        | 33  | _      |
| Name (Last Fir                          |  |                      | A                 | Address          |            | Age/DOB   | Sex Po  |                    |                  | bag Ejec<br>tch Code | 0 31<br>Trap<br>e Code | Injury Tra<br>Status Co | ansp.<br>ode Medical Fac                    | ility  |
| Operator                                |  |                      | See               | Above            |            |   |         | 99                 | 4 99             | 0                    | 0                      | 10 1                    |   |        |
|   |  |                      |                   |                  |            |   |         |                    |                  |                      |                        |                         |   |        |
|   |  |                      |                   |                  |            |   |         |                    |                  |                      |                        |                         |   |        |
|   |  |                      |                   |                  |            |   |         |                    |                  |                      |                        |                         |   |        |
| Please Select C                         | One Vivaleida  | 2 <u>1</u> #Occupa   | . DN M            | otorist A Type   | 14         |   | 5       |                    | 16               | T                    | 17                     |                         | */D   |        |
| of the Followi                          | ng: Venicle  | 22 <u>1</u> # Occupa | nts Non-MC        | otorist A Type   |            | Action  | Locat   | ion                | Con              | dition               |                        | П                       | t/Run Mo                                    | pea    |
| License#                                |  | St                   |                   |                  | Reg # _2   | LN313   |         |                    | Reg T            | ype_PA               | N                      | Reg                     | State MA 20                                 | _      |
| Sex_F_ Lic.                             | Sex_F Lic. Class D 18 18 Lic. Restrictions D 19 CDL Endorsment |                      |                   |                  |            | Veh Year 2012 Veh Make VOLVO Veh Config. 1        |         |                    |                  |                      |                        |                         |   |        |
| Operator PAY                            | Last   | CHERYL               | L                 | Middle           | Owner      | (Same as open                                     | rator)  |                    | First            |                      |                        | Middle                  |   | _      |
| Address 165 C                           | HRISTINA ST  |                      |                   |                  | Address    | s   |         |                    |                  |                      |                        |                         |   | _      |
| City NEWTO                              | N  |                      | state MA Zip 0    | 2461             | City       |   |         |                    |                  |                      | State                  |                         | Zip   | _      |
| Insurance Com                           | pany ALL STAT  | ГЕ                   |                   |                  | Vehicle    | Action Prior to                                   | Crash   | 4 2                | 1                | Damage               | ed Area                | Code: (0                | Circle Up to Th                             | iree)  |
| Vehicle Travel                          | Direction: N   | S X W                | esponding to Emer | rgency?N         | Event S    | Sequence 1 2                                      | 22 22   | 22                 | <sup>22</sup> 6  |                      | 3                      |                         | 4   |        |
| Citation # (If I                        | ssued)   |                      |                   |                  | Most H     | armful Event                                      | 1 23    |                    | <br>0            | _                    | 9                      | $\langle     \rangle$   | 10 Underca                                  | rriage |
| Violatio                                | n 1: ChSe  | ec Violat            | ion 2: ChS        | ec               | Driver     | Contributing Co                                   | ode 99  | 24                 | 24               |                      |                        |                         |   |        |
| Violatio                                | n 3: ChSe  | ec Violat            | ion 4: ChS        | ec               | Underri    | ide/Override                                      | 25      | Towed              | _N_ 8            |                      | 7                      |                         | 6   |        |
|   |  | operator and a       | ll occupants inv  |                  |            |   |         | 26 27<br>at Safety | 28<br>Airbag Air | 29 30<br>bag Ejec    | Trap                   |                         | 33<br>ansp.                                 |        |
| Name (Last Fi                           | rst Middle)<br>Non-Motorist                                    |                      |                   | Address<br>Above |            | Age/DOB   | Sex P   | os. Systen 99      | 1 Status Sv      | oritch Con           | de Code<br>0           | 10 1                    | Code Medical Fa                             | cility |
| *                                       |  |                      |                   |                  |            |   |         |                    |                  | -                    |                        |                         |   |        |
|   |  |                      |                   |                  |            |   |         | +                  |                  | +                    |                        |                         |   |        |
|   |  |                      |                   |                  |            |   |         |                    |                  |                      |                        |                         |   |        |
|   |  |                      |                   |                  |            |   |         |                    |                  |                      |                        |                         |   |        |



## Crash Narrative:

Mv#1 operator states she was travelling on Needham St W/B and safely merged into the left turn lane (
suicide lane) at approximately 111 Needham St preparing to turn left into the parking lot at 130 Needham
St. #1 states she was travelling at the 25mph speed limit nearing the turn. #1 states Mv#2 suddenly pulled
out from another parking lot to her right, went into her travel lane and struck her on the passenger side.
#1 sustained significant passenger side damage from the start of the front passenger side door down to the
passenger side rear door and passenger side rear tire. #1 was checked out by medics and signed a patient
refusal. #1 was able to be driven by the operator from the scene.

Mv#2 operator states she was exiting the side access parking lot at 141 Needham St. #2 states W/B traffic was clogged when a vehicle stopped to create an opening to allow her to exit. #2 states she turned left onto

(Continued on next page)

| (Continued of                                      | n next page;    |           | ·               |               |                      |                   |      |  |  |  |
|--|-----------------|-----------|-----------------|---------------|----------------------|-------------------|------|--|--|--|
| Witnesses:   |                 |           |                 |               |                      |                   |      |  |  |  |
| Name (Last, First, Middle)                         |                 | Address   |                 | Phone #       | Phone # S            |                   |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
| Property Damage:                                   |                 |           |                 |               |                      |                   |      |  |  |  |
| Owner (Last, First, Middle)                        | Address         |           | Phone #         | 34-Type       | Description of Damag | ged Property      |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |
| Truck and Bus Information:                         | Registration #  |           | (From Vehic     | le Section)   |                      |                   |      |  |  |  |
| Carrier Name                                       |                 |           |                 |               | Carrier Issu         | ing Authority Cod | e 35 |  |  |  |
| Address  |                 | (         | City            |               | St                   | Zip               |      |  |  |  |
| US DOT #:  | State Number    |           | _ Issuing State |               | _ Interstate         | 36                |      |  |  |  |
| Cargo Body Type Code 37 Gross Vehicle Weight 38 39 |                 |           |                 |               |                      |                   |      |  |  |  |
| Trailer Reg #:                                     | Reg Type        | Reg State | Reg Year        | Trai          |                      |                   |      |  |  |  |
| Hazmat Information:                                |                 |           |                 |               |                      |                   |      |  |  |  |
| Placard 40 Material 1 digit #                      | 41 Material Nar | ne        |                 | Material 4 di | git #                | Release code      | 42   |  |  |  |
|  |                 |           |                 |               |                      |                   |      |  |  |  |

|                             | Direction          | 1 =                 | Vehicle ' | 1 2                             | ≠Vehicle 2        | ₽ Pedestr             | ian                           |   |           |  |
|-----------------------------|--------------------|---------------------|-----------|---------------------------------|-------------------|-----------------------|-------------------------------|---|-----------|--|
| Crash Diagram:              | ie: →              | 1                   |           | 2                               |                   | → 9                   |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               | If Crash <u>Did Not</u><br>on a Public Way: | Occur     |  |
|                             |                    | i_                  |           | _ <u>i</u>                      |                   |                       |                               | ☐ Off-Street Parkin                         | ng Lot    |  |
|                             |                    |                     |           |                                 |                   |                       |                               | ☐ Garage                                    |           |  |
|                             |                    | — -<br>             |           |                                 |                   |                       |                               | ☐ Mall/Shopping C                           | Cantar    |  |
|                             |                    | _ _                 |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               | ☐ Other Private Wa                          | ay        |  |
|                             |                    |                     |           |                                 |                   |                       |                               | Indicate North by                           | Arrow     |  |
|                             |                    |                     |           | - <del> </del>   - <del> </del> |                   | <del> </del><br> <br> |                               |   |           |  |
| Crash Narrative:            |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Needham St and was struck   | on her passe       | nger                | side f    | front                           | end by #1         | that was dr           | iving :                       | by straight ahead in                        | n the     |  |
| left turn lane. #2 states   | she was alre       | ady                 | in the    | left                            | turn lane         | at the tim            | e #1 c                        | ollided with #2. #1                         | appeared  |  |
| to be pushed to its left    | as a result        | from                | n impact  | as #                            | 1 was four        | d partially           | resti                         | ng in the E/B trave                         | l lane.   |  |
| #2 sustained significant    | damage starti      | ng n                | ear the   | cent                            | er of the         | front end w           | ith he                        | avier damage on the                         |           |  |
| passenger side front end.   | #2 was also        | chec                | ked out   | by m                            | edics and         | signed a pa           | tient                         | refusal. #2 was also                        | able to   |  |
| be driven by the operator   | from the sce       | ne.                 |           |                                 |                   |                       |                               |   |           |  |
| No reported witnesses.      |                    |                     |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Witnesses:                  |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Name (Last, First, Middle)  |                    |                     | Address   |                                 |                   |                       |                               | Phone #                                     | Statement |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Property Damage:            |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Owner (Last, First, Middle) |                    | Phone # 34-Type Des |           |                                 |                   |                       | scription of Damaged Property |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Truck and Bus Information:  |                    |                     |           |                                 |                   |                       |                               |   |           |  |
| Carrier Name                | Registration #     |                     |           |                                 | (From             | Vehicle Section)      |                               | Carrier Issuing Authority Co                | 35        |  |
|                             |                    |                     |           |                                 | 7.4               |                       |                               |   | de        |  |
| Address City St Zip 36      |                    |                     |           |                                 |                   |                       |                               |   | 36        |  |
| US DOT #:                   | _ State Number     |                     | 38        |                                 | _ Issuing State _ | ICC #:_               |                               | Interstate                                  |           |  |
| Cargo Body Type Code Gr     | oss Vehicle Weight |                     |           |                                 |                   |                       |                               | 30  |           |  |
| Trailer Reg #:              | Reg Type           |                     | Reg Sta   | ate                             | Reg Ye            | ar Tr                 | ailer Leng                    | th 39                                       |           |  |
| Hazmat Information:         | 45                 |                     |           |                                 |                   |                       |                               |   | 42        |  |
| Placard 40 Material 1 digit | # 41 Materia       | al Nan              | ne        |                                 |                   | Material 4            | ligit #                       | Release code                                | 42        |  |
|                             |                    |                     |           |                                 |                   |                       |                               |   |           |  |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)