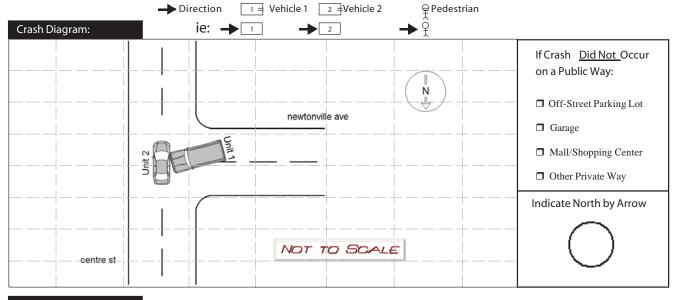
	Poli	ice Use Only		Commonwea	lth o	of Mass	ach	uset	tts		RM	V Do	cumen	ıt Number	
	Date of Crash 11/23/2019	Time of Crash 15:01	City/To	wn Motor	Veh	icle Cra	sh	Num Vehic			Speed Lin		SL	tate Police ocal Police MBTA Police	1
	11/25/2017	24HR				Report		2	0	I	ongitude		0	ther:	
		AT INTER	RSECTION:	<]	LOCAT	ΓΙΟΝ	>		N	OT A	T INT	ERS	ECT	ION:	2
	SOU	TH CENTR	RE ST												
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street			Route# Direction Address #					Name of Roadway/Street				2 10		
	At EAST NEWTONVILLE AVE				Feet NSEW of•						• —	- or			
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number Feet NSEW of							xit Number	-		
Also at Intersection with					Route# Intersecting Roadway/Street							y/Street	3		
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of								_ 3	
3					Landmark									┪	
	XVehicle1	2_#Occupants	Hit/Run	Moped Case	Number		1	900001	205						_
	License#	10 1	St M		Reg#_	4AB852			Re	g Type_l	PAN	R	leg Stat		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2014 Veh Make FORD Veh Config. 20									g. 20	
4 1	Operator DAI	LY Last	NOELLE	Endorsment C Middle	Owner (Same as operator) Last First Middle								1 12		
1	Address 45 H	AWTHORNE RO	OAD		Address										
	City WALTHAM State MA Zip 02451				City State Zip										
	Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 2		2 22	O	3		4		
	Citation # (If Is	ssued)			Most F	Harmful Event	1 23			, 1	_ }	9	5	10 Undercarriag 11 Totaled	e
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C		99 24	24			<u> </u>	ر		
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 8 7 6									
	Please 1 Name (Last Fire		ator and all occu	pants involved Address		Age/DOB	Sex	26 Seat Sa Pos. \$y	27 28 fety Airbag stem Status	29 Airbag I Switch	30 31 Eject Trap Code Code	32 Injury Status	33 Transp. Code	Medical Facility	13
	Operator			See Above				1	. 4	4	0 0	10	1	NONE	
	DALY, ROBER	RT		HAWTHORNE RD. ALTHAM, MA 02451			M	3 1	. 4	4	0 0	10	1	NONE	
															-
7	Please Select C)ne 🖚		T ₌	1	4 1	15		16		17				7
3	of the Following: Wehicle 2 1_#Occupants Non-Motorist A Type			Action Location					Condition			Hit/Run Mop		l .	
	License# St MA DOB/Age				Reg # <u>657ZD7</u>					Reg Type PAN Reg State			te_MA	7	
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 1 CDL				Veh Ye	Veh Year 2011 Veh Make VOLKS Veh Config. 1						g. 20			
⁸ 2	Operator COVELL JONATHON Last First Middle				Owner REILLY CARLIN Last First Middle										
_	Address 295 WINDSOR ST				Address 45 (apt. 301) 1ST AVE										
	City CAMBRIDGE State MA Zip 02139				City CHARLESTOWN State MA Zip 02129										
	Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NXEW Responding to Emergency?N				Event Sequence 1 22 22 22 22 2										
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								e		
Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 99 24 24											
	Violation 3: ChSec Violation 4: ChSec				Underride/Override Towed Y 8 7 6										
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex		27 28 afety Airbag	29 Airbag Switch	30 Trap Code Code	32 Injury Status	Transp.	Medical Facility	1
		Non-Motorist		See Above		Age/DOB		1			0 0	10	1	NONE	1
															1
															-



Crash Narrative:

(Continued on next page)

ON 11-23-19 AT APPROX. 1501HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF NEWTONVILLE AVE AND CENTRE ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER#1 STATES SHE WAS TRAVELING E-BOUND ON NEWTONVILLE AVE AND SHE STOPPED AT THE STOP SIGN AT THE INTERSECTION OF NEWTONVILLE AVE. AND CENTRE ST. DRIVER#1 STATES SHE STARTED HEADING OUT AND VEHICLE #2 HAD STOPPED ON HER LEFT. SHE LOOKED RIGHT AND WHEN SHE FOUND AN OPENING SHE PROCEEDED. AT THIS TIME VEHICLE #2 SHE STATES CUT IN FRONT OF HER AND HIT THE RIGHT SIDE FRONT OF HER VEHICLE. OPERATOR OF VEHICLE #2 STATES HE HAD STOPPED BECAUSE HE WAS GOING TO LET VEHICLE #1 ENTER THE TRAFFIC LANE. DRIVER STATES WHEN VEHICLE #1 STOPPED HE THOUGHT SHE WAS LETTING HIM GO. AS HE PROCEEDED S-BOUND ON CENTRE ST. HE COULDN'T AVOID HITTING VEHICLE #1. VEHICLE #1 HAD FRONT RIGHT SIDE DAMAGE. VEHICLE #2 HAD RIGHT SIDE DAMAGE AND AIRBAG DEPLOYMENT. ALL PARTIES

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: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City_____ Address__ US DOT #: State Number ___ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name_____ Material 4 digit #_____ Release code Placard Material 1 digit #

THOMAS P WALSH			NEWTON POLICE DEPARTM		11/23/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

\dashv	Direction 1	Vehicle 1	≥ =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	→ [:	2	₽ ĝ		
			 		If Crash <u>Did Not</u> Occu on a Public Way:	ur
					☐ Off-Street Parking Lot	t
					☐ Garage	
					☐ Mall/Shopping Center	r
					Other Private Way	
				+	Indicate North by Arrow	<i>N</i>
Crash Narrative:						
REPORTED NO INJURIES AND S						
VEHICLE #2 STAYED ON SCENE	AND MADE HIS (OWN ARRANGEME	ENTS FOR A TOW	ALL PARTIES A	DVISED TO CONTACT THEIR	R
INSURANCE COMPANIES.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone # Stat	tement
Property Damage:				<u> </u>	<u> </u>	
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	ion of Damaged Property	
Truck and Bus Information:	D					
Carrier Name	Registration #		(From Veh	ŕ	Carrier Issuing Authority Code	35
Address			City			
US DOT #:					36	<u> </u>
37	ss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vear	Trailer I eng	39 th	
Hazmat Information:	Rog Type	Neg state	Reg I cal	maner Leng		
Placard 40 Material 1 digit #	# 41 Material N	ame		_ Material 4 digit #	Release code 42	12
THOMAS P WALSH				ON POLICE DEPARTM	11/23/2019	