Poli	ice Use Only		Comn	nonweal	lth o	f Massa	chus	setts			RMV	/ Docun	nent Number	
Date of Crash 11/27/2019	Time of Crash 14:00	City/I NEWTON	own	Motor	Vehi	icle Cra	\int_{1}^{1}	Number /ehicles			ed Limi itude		State Police Local Police MBTA Police	N X
11/2//2019	24HR	NEWTON		Poli	ice F	Report		2	0		gitude_		Other:	
	AT INTER	RSECTION:		< L	OCAT	TION :	>		NO	T AT	INTI	ERSE	CTION:	
					1	6 WEST	675		WASI	IINGTO	ON			ŀ
Route# Direction Name of Roadway/Street At				t	Route# Direction Address # Name of Roadway/Street						Street	_		
					Feet NSEW of or							ŀ		
Route# Direc	etion N	Vame of Intersect	ing Roadway/Stre	et					Mile	Marker			Exit Number	_
		Also at Int	ersection with		-	Feet N	SEW	of	Route	#	Intersec	ting Road	dway/Street	_
Route# Direc					-	Feet N	N S E W	of				8	,	
Route# Direc	tion	Name of Inters	secting Roadway/S	Street							Laı	ndmark		
XVehicle1	#Occupants	Hit/Ru	п Море	ed Case N	lumber		1900	0001218						
License#		St ^N	IA DOB/Age		Reg#6	SB554			Reg T	vne PA	N	Reg	State MA	
Sex_F Lic.	18 1		19			ar_2014							20	
	INT Last		C	OL dorsment		(Same as oper	-1							'
Address 99 N	Last EEDHAM STRE	First ET (apt. 1215)	1	Middle		Last						Middle		_
City NEWTO			state_MA_Zip_0	02461								5	Zip	_
	Insurance Company PLYMOUTH ROCK					City State Zip Damaged Area Code: (Circle Up to Three)								
\neg	Direction: N		sponding to Emer	rgency? N			2 22	22	22 2		(4	
	ssued)		spending to Eme	.geney		armful Event	23				M	A)	10 Undercar	rriage
,	1: ChSec		on 2: Ch Se	ec		Contributing Co	_	24	24	—	9	$\langle $	5 11 Totaled	
	3: Ch Sec					ide/Override	25	Towe			7		6	
	fill out for opera				Cildein	lac/overrac	2 Sea		28 Airbag Air Status \$w	29 30 bag Ejec	0 31 Trap e Code	32 Injury Tra	33 insp.	
Name (Last Fir	st Middle)			Above		Age/DOB	Sex Pos		Status Sw		e Code	Status Co	de Medical Faci	ility
орышы				110010				+	7 7	0	-	10 1		
Please Select (of the Followi		2 <u>1</u> #Occupa	nts Non-M	otorist A Type	14	Action 1	5 Location	on	16 Con	dition	17	Hit	t/Run Mo	ped
License#		St_ ¹			Reg#_9	KJ369			_Reg T	ype_PA	N	Reg	State_MA	_]
Sex_M Lic.	Class C 18 18	8 Lic. Restriction		DL	Veh Ye	ar_2016	Veh N	_{Make_} CI	HEVY			Veh Co	nfig. 20	
Operator WA	RE	SAM	D	dorsment Middle	Owner	(Same as oper	ator)		First			Middle		_
Address 67 M	ARION ST	riist		Middle	Address	S			rirst			Middle		_
City MEDFO	RD		state_MAZip_0	02155	City						State	2	Zip	_
Insurance Com	npany GEICO				Vehicle	Action Prior to	Crash	1 2	1	Damage	ed Area	Code: (C	Circle Up to Th	ree)
Vehicle Travel	Direction: N	S E X	esponding to Eme	ergency?N	Event S	Sequence 1 2	2 22	22	22 2		3		4	
Citation # (If Issued) T1440760					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								rriage	
Violatio	n 1: Ch <u>89/4A</u> Se	ec Violat	ion 2: ChS	Sec	Driver	Contributing Co	ode 19	24	24		VÍ	\bigvee	3	
Violatio	n 3: ChSe	ec Violat	ion 4: ChS	Sec	Underri	ide/Override	25	Towed	_N_(g) —	7		6	
	ease fill out for	operator and a					2 Sea	6 27 t Safety	28 Airbag Air	29 30 bag Ejec	31 Trap	Injury Tra	33 insp.	
Name (Last Fi	Non-Motorist			Above Above		Age/DOB	Sex Po	s. System	Status S	vitch Co	de Code 0	10 1	ode Medical Fac	cility
*														
									\vdash	+				

-	Direction 1 =	Vehicle 1	2 ≢Vehicle 2	₽Pedestr	ian		
Crash Diagram:	ie: → 1	→ [2	2	Ŷ			
WASHINGTON STREET						If Crash Did Not O	Occur
	- 3					☐ Off-Street Parking	g Lot
				=		☐ Garage	
		P.O.I.				☐ Mall/Shopping Co	enter
	§© 0		+			☐ Other Private Way	
NOT TO	SCALE		- COUR	TSTREET		Indicate North by A	
	Ň						
		İ					
Crash Narrative:							
Operator of MV1 (MA reg. 6	SB554) states she	was trave	eling westbound	l in the	left trave	el lane on	
Washington Street when she	was struck by MV	72 on the p	passengers side	of her	car.		
Operator of MV2 (MA reg 9K	J369) states he w	vas traveli	ng west bound	in the r	ight trave	el lane on	
Washington Street when he	attempted to turn	n into the	left travel la	ne and a	ccidently s	struck into MV1.	
W itnesses: Name (Last, First, Middle)		Address			Pi	none #	Statement
rame (2004) instruments		1001.033					Statement
Property Damage:	A diduces		Dhana #	24 Tune	Description of	Damas and Duanautry	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			25
Carrier Name					Carri	er Issuing Authority Cod	le 35
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gro	ss Vehicle Weight	8					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	39	
Hazmat Information:						_	
Placard 40 Material 1 digit #	# 41 Material Name	e		Material 4 o	ligit #	Release code	42
HIANIM CARCIA				N. POV		44 107 10	010
JUAN M GARCIA Police Officer Name (Please Print)	Signature			on POLICE DEPARTM Dartment		t/Barracks Date	

CDP1 11 ·24·00