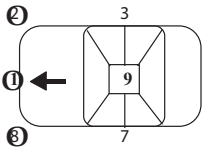
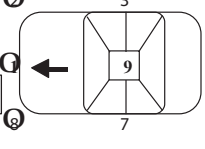


Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 11/29/2019	Time of Crash 21:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>										
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:													
NORTH CENTRE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST COMMONWEALTH AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____																	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001224											
License # _____ St WA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator LIPPOLD KENNETH JACK Address 205 WALDEN ST (apt. 1T) City CAMBRIDGE State MA Zip 02140 Insurance Company COUNTRY			Reg # BEK8847 Reg Type PAS Reg State WA Veh Year 2007 Veh Make CHEVY Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 9 Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y 																	
Please fill out for operator and all occupants involved			13																	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 4 4 0 0 10 1																	
LIPPOLD, MICHELLE, ROSE 205 WALDEN STREET (apt 1T) CAMBRIDGE, MA 02140 --- F 3 1 4 4 0 0 10 1																				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15			Location 16			Condition 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator SHEA MATTHEW D Address 44 MESSINGER STREET City CANTON State MA Zip 02021 Insurance Company COMMERCE			Reg # 2ED656 Reg Type PAN Reg State MA Veh Year 2013 Veh Make GMC Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20 Owner SHEA PATHOMPHORN Address 264 GROVE STREET City AUBURNDALE State MA Zip 02466 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 9 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y 																	
Please fill out for operator and all occupants involved			13																	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- 1 4 4 0 0 10 1																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

COMMONWEALTH AVE

CENTRE STREET

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On 11/29/2019, while assigned to N494, I, Officer Conary, and Detective Harris (N503), responded to Commonwealth Ave at Centre Street for a MVA. Upon arrival, I met with operator of MV1 who stated that he was traveling Northbound on Centre Street, when he went through the red light and hit MV2. Operator of MV1 said that he wasn't paying attention when he went through the red light.

Operator of MV2 stated that he was traveling Westbound on Commonwealth Ave when MV1 hit MV2. Operator of MV2 explained to me that he had a green signal on Commonwealth Ave and that MV1 went through the red light at Centre Street.

Both cars were towed. All parties were evaluated by medics and signed patient refusals. Operator of MV1 was issued a warning MA Citation #T2079475 Ch89/9 Failure to Comply with Red Signal. No further incident to

(Continued on next page)

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)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

KRISTINA CONARY **NEWTON POLICE DEPT.** **11/29/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11-24-00

