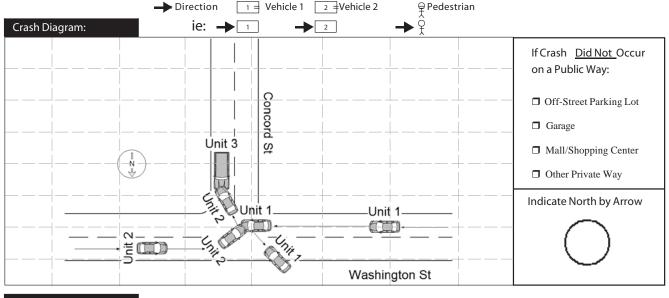
	Poli	ice Use Only		Commonwea	lth o	of Massa	achı	ısett	S		RM	V Docum	ient Number	
	Date of Crash 12/16/2019	Time of Crash 10:00 24HR	City/Tov NEWTON	Motor		icle Cra Report	sh	Numbe Vehicle 3		ed Lat	eed Limititude _ ngitude_		State Police Local Police MBTA Police Other:	XI O
		AT INTER	RSECTION:		LOCA		>		N(	Т АТ	INT	ERSEC	CTION:	2
		CONCO	ORD ST											2
<b>1</b>	Route# Direc	tion		Roadway/Street		Route# Direction	on Ac	ldress #		N	ame of I	Roadway/	Street	_ 2 <sup>10</sup>
	WES	T WASHI	Feet NSEW of or								_   _			
	Route# Direc	ction N	Jame of Intersecting	·		F., (5	VI CLE		Mil	e Marker	•		Exit Number	_
			Also at Inters	ection with		Feet [1			Rou	te#	Intersec	ting Road	lway/Street	- 1
<b>1</b>	Route# Direc	tion	Name of Intersec	ting Roadway/Street	l	Feet [1	NSE	W of				1 1		6
3		4 40	I _								La	ndmark		7
	Vehicle1	#Occupants	Hit/Run		Number		19	90000129	2					4
	License #	18 1	St MA	DOB/Age	_								State MA 20	-
	Sex_F_ Lic.	Class D	Lic. Restrictions			ear_2017		h Make_	IONDA			_ Veh Cor	nfig. 1	
<sup>4</sup> <sub>3</sub>	Operator BIC		MERLE First	Middle	Owner	(Same as oper	rator)		First			Middle		- <b>1</b>
	Address 81 PF					ss								-
	City AUBURN		Sta	te_MA Zip_02466	City_								•	
5	Insurance Com					e Action Prior to		1	21	Damag <b>D</b>	ged Area	,	Circle Up to Thre	ee)
1		Direction: N		onding to Emergency? N			22 20 23		22		$\overline{\bigcap}$		10 Undercarri	iage.
	,	ssued)				Harmful Event	1	24	24	<b>D</b>	9	$( \mid \mid \mid )$	5 11 Totaled	lage
<sup>6</sup> 1	1			2: ChSec		Contributing Co	ode 25	3		<b>9</b>	7		6	
1		3: ChSec	Under	ride/Override		Tow	ed <u>¥</u>		80 31	32	33	1:		
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address					Age/DOB	Sex		28 Airbag A Status S	29 Eje witch Coo	30 31 ct Trap de Code	Injury Tran	de Medical Facilit	1
	Operator			See Above				1	3	4 0	0	8 2	BRIGH	AIM
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 1 # Occupants	Non-Motorist A Typ	pe 1	Action 1	Local	ation	16 Co	ndition	17	Hit	/Run Mop	ed
	License#		Reg # 2BM925 Reg Type PAN Reg State						State_MA	_				
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2013         Veh Make NISS         Veh Config.         2								
8 <b>1</b>	Operator MERLE FREDERICK Endorsment  Last First Middle					Owner (Same as operator)  Last First Middle								
	Address 1315	SOUTH ST			Addre	ss								
	City NEEDH	AM	City State Zip									-		
	Insurance Com	npany COMMER	Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									ee)		
	Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 1 22 22 22 3 4								
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								iage
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24 7 6								
	Violatio	n 3: ChSe	Underride/Override Towed Y											
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag A m Status	29 Eje Switch Co	ode Code	Injury [Fra:	nsp. ode Medical Facil	ity
	Operator/	Non-Motorist		See Above				1	1	4 0	0	10 1		

	T	ce Use Only			onwealth			_							nt Number	
	of Crash 6/2019	Time of Crash <b>10:00</b>	City/T NEWTON	own	Motor V			sh	Number Vehicles		ed La	eed Lim titude _			tate Police ocal Police IBTA Police	■ XI
		24HR			Police				3	1		ongitude		<u> </u>	Other:	_
L		AT INTE	RSECTION:		< LO	CATIC	ON	>		NC	<b>T A</b> 7	ΓINT	ERS	ECT	ION:	
						_ _										
Route	te# Direct	ion	Name o	of Roadway/Street At		- Rout	e# Direction	on Ad	dress #			Name of l			et	
						_ -	Feet []	N S E	W of	— — Mile	Marke	•	or	E	Exit Number	
Rout	te# Direct	tion 1		ing Roadway/Street ersection with		- -	Feet 1	N S E	W of							
							Feet 1	N S E	w of	Rout	e#	Interse	cting R	loadwa	y/Street	
Rout	te# Direct	ion	Name of Inters	ecting Roadway/Str	eet							La	ındmar	k		
X	Vehicle3	1_#Occupants	Hit/Rur	n Moped	Case Num	ıber		19	00001292	2						
Licer	nse#		St N	MA DOB/Age	R	eg# 7PP	159			Reg T	Type P.	AN	R	eg Stat	te MA	
Sex_	M Lic. C	Class D 18	Lic. Restriction			eh Year_2	006								20	
Opera	rator MCN	NEIL Last	LUKE	Endo	rsment O	wner _M	CNEIL	ıt	DARI	A First			Mi	ddle		_
Addr	ress 41 LO	RING RD	rirst	Mid	A	ddress 4	LORING	RD		FifSt			IVII	uuic		_
City .	WESTON	<u> </u>	S	state MA Zip 024	<u>193</u> Ci	ity WES	ΓΟΝ					State	MA_	_Zip	02493	_
Insur	rance Comp	oany COMMER	RCE		V	ehicle Ac	tion Prior to		2	21	•			,	le Up to Thi	iree)
Vehic	cle Travel	Direction: N	X E W Res	sponding to Emerge	ency? N Ev	vent Sequ	ience 1	22 22 23	22	22		3		4	10 Undercar	mmio ~~
		sued)				lost Harm	ıful Event	1	24	24	•	9	1		11 Totaled	mage
1				on 2: ChSec_			tributing Co	ode <b>1</b>			9	7		ر 6		
				on 4: ChSec_ upants involved	U	nderride/	Override		Towe	ed <u>r</u>		30 31 ect Trap	32 Injury	33		
	me (Last Firs			Add	dress	_	Age/DOB	Sex P	os. Systen	1 Status Sv	vitch Co	ode Code	Status	Transp. Code	Medical Facil	ility
	Operator			See A					1	4 4	0	0	10	1		
											_					
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	se Select O ne Followin	Vehicle	e# Occupa	nts Non-Mote	orist A Type	14 A	Action 1	Loca	tion	Cor	ndition	17		Hit/Ru	un Mor	ped
Licer	nse #		St	DOB/Age	R/	eg#	<b>'</b>			Reg ]	уре		R	eg Stat		
Sex_	Lic. C	Class 18 1	Lic. Restriction			eh Year_		Veh	Make				_Veh	Config	g. <b>20</b>	
Oper	rator	Last	First		rsment O	wner	Las	it		First			Mie	ddle		_
Addr	ress				A	.ddress										_
City .			S	tateZip	Ci	ity										_
ı	rance Comp	_					tion Prior to		22	21	•	ged Area		: (Circ. 4	le Up to Thi	iree)
	Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 10 Undercarriage										
Citati	Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 25 1 Totaled  Driver Contributing Code 24 24										
	Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec					Underride/Override  Z5  Towed  8  7  6										
	Ple	ase fill out for		ll occupants invol	ved		l	S	26 27 eat Safety	28 Airbag Ai	29 Ei	30 31 ect Trap	32 Injury	33 Transp.		
Nar	Operator/N				ldress	$\rightarrow$	Age/DOB		Pos. Syste	m Status S	witch C	Code Code	Status	Code		cility
(		Non-Motorist	1	See A	bove	_		-			- 1					
(	Operator	Non-Motorist		See A	bove	-		-								
(	Орегатогл	Non-Motorist		See A	bove	-  -										



## Crash Narrative:

Operator of vehicle 1 states she was traveling westbound on Washington St when vehicle 2 turned quickly in front of her giving her no time to stop and they crashed. As a result of the crash her car rolled backwards into the opposite curb.

Operator of vehicle 2 states he was traveling eastbound on Washington St and was waiting to turn left onto Concord St. The traffic light on Washington turned yellow and he went to turn when vehicle 1 came at him at a high rate of speed and hit him head on causing his vehicle to spin around and strike vehicle 3 on Concord St head on.

Operator of vehicle 3 stated he was stopped on Concord St at the light to Washington St when vehicle 1 struck vehicle 2 and pushed him into his vehicle.

(Continued on next page)

w itnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
	2310 WASI	HINGTON ST				.,
BUENRROSTRO , JOSE,	NEWTON,	MA 02462				Y
Property Damage:						
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	ed Property	
Truck and Bus Information:	Registration #	(From Vehi	cle Section)			35
Carrier Name				Carrier Issui	ng Authority Code	
Address		City		St	Zip	
US DOT #:		Issuing State	ICC #:_		_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight 38			39		
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr			
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material Name		Material 4	digit #	Release code	42

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₽Pedesti	rian	
Crash Diagram:	ie: →_	1 -	2	→ ♀		
						Crash <u>Did Not</u> Occur n a Public Way:
						·
						Off-Street Parking Lot
				+		Garage
		 _				Mall/Shopping Center
						Other Private Way
		_		+	Inc	dicate North by Arrow
		 	_			
		į		į		
Crash Narrative:						
After the accident I spok	e to a witness	who stated	he had vide	o of the inci	dent. Jose B	uenrrostro works at
2310 Washington St and wa						
for the yellow light on W	ashington whic	h turns red	before she	reaches the i	ntersection.	She then attempts to
swerve around vehicle 2 b						
All three vehicles were t	owed by todys.	The operat	or of vehic	cle 1 was tran	sported to Br	ighams Hospital by
Cataldo for injuries. Bo	th other opera	tors signed	d patient re	fusals with t	the medics.	
Witnesses:		Adduses			Dhan	Ctatana ant
Name (Last, First, Middle)		Address			Phone	e # Statement
Property Damage:				24.7	5	10
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dan	naged Property
Truck and Bus Information:	Registration # _		(Fi	rom Vehicle Section)		35
Carrier Name					Carrier Is	ssuing Authority Code
Address			City		St	Zip
US DOT #:	_ State Number		Issuing Sta	ite ICC #:_		Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg	Year Tr	ailer Length	9
Hazmat Information:						J
Placard 40 Material 1 digit	# 41 Material	Name		Material 4	digit #	Release code 42
MICHAEL ANTHONY IAROSSI				NEWTON POLICE DEPART		12/16/2019

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)