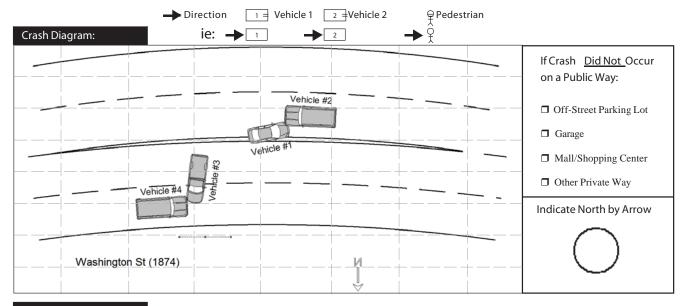
	Poli	ice Use Only		Commonw	ealth	of Mass	ach	uset	ts		RM	V Docu	ıment N	Number	
	Date of Crash 12/17/2019	Time of Crash 10:58 24HR	NEWTON	MIOU		nicle Cra Report	ash	Numb Vehic 4		ured La	need Lim ntitude _ ongitude		State Loca MB Othe	Police [ al Police ] TA Police [ er:	
			RSECTION:	<	LOCA		>		N	OT A	ΓINT	ERSE	CTIC	N:	2
						WEST	18	74	WA	SHING	TON ST				2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route# Direct	ion A	ddress #	ŧ	1	Name of I	Roadway	y/Street		$ 2^1$
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	Route# Direc	etion 1		ng Roadway/Street		Feet NSEW of									
2			11130 40 1110			Feet	N S E	W of	Ro	ute#	Intersec	ting Roa	adway/S	Street	<b>6</b> <sup>1</sup>
<sup>2</sup> <b>2</b>	Route# Direc	tion	Name of Inters	ecting Roadway/Street		Landmark									
<sup>3</sup> <b>5</b>	XVehicle1	#Occupants	Hit/Rur	Moped C	ase Number	r	1	9000012	296						1
	License#		St R	IDOB/Age	Pag t	VQ656				Type P	AN	Pac	r State I	RI	-
	Sex_M Lic.	18		19	_	Zear_2013	Ve	h Make						1 20	
4		OTEU	PAUL	Endorsment		(Same as ope		ii iviako,					- '		1
1		Last INDSONG RD		Middle						First Middle					<u> </u>
	City CUMBER									;	Zip				
	Insurance Com	npany_UNKOWN	Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)											
5	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency? N	Event	Sequence 1	22 2	2 22	22	<b>O</b>	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	1 23	3		0	. 9	$\left  \cdot \right $		Undercarria Totaled	ge
(	Violation	1: ChSe	c Violatio	n 2: ChSec	Drive	r Contributing (		7 24	24			$\sum$			
<sup>6</sup> <b>4</b>	Violation	3: ChSe	Unde	Underride/Override 25 Towed Y 8 7 6											
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Address					Age/DOB	Sex	26 Seat Safe Pos. Sys	27 28 Tety Airbag Stem Status	29 Airbag Ej Switch Co	30 31 ect Trap ode Code	32 Injury Tr Status C	33 ransp. Code M	ledical Facility	<b>1</b>
	Operator			See Above				99	9 1	99 0	0	10	1		
7 <b>1</b>	Please Select C of the Followi		e2 <u>1</u> #Occupa	nts Non-Motorist A	Туре	14 Action	15 Loc	eation	16 C	ondition	17	П	lit/Run	Море	d
	License#		Reg#	Reg # S46114 Reg Type CON Reg State MA							MA				
	Sex_M Lic.	Class D 18	Veh	Veh Year 2016 Veh Make NISS Veh Config. 20											
8 1	Operator VAS	SQUEZ	Owne	Owner TRI WIRE  Last First Middle											
1	Address 100 S	TOCKTON ST	Addr	Address 600 CORPORATE PK											
	City CHELSE	A	City_	City ST LOUIS State MO Zip 63105											
	Insurance Com	npany LIBERTY	Vehic	Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)									)		
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	Pl Name (Last Fi		r operator and a	l occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sy	27 28 Fety Airbag stem Statu	29 Airbag Ej Switch C	30 31 ect Trap Code Code		33 ransp. Code 1	Medical Facility	y_
		Non-Motorist		See Above				99		99 0			1		
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		ce Use Only			nmonwea											t Number	_
	Date of Crash 12/17/2019	Time of Crash 10:58	h City/	Γown	Motor				l Nu Vel	mber hicles	Numb Injure	d Lat	ed Lim itude _			tate Police ocal Police IBTA Police	X
L		24HI	_				Report		4		0		ngitude		O	ther:	_
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┨_				of Roadway/S													
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			Feet NSEW of or Exit Number										_				
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							Feet	N S	EW	of	Route	#	Interse	cting R	loadwa	y/Street	
Route# Direction Name of Intersecting Roadway/Street					vay/Street	Landmark											
	XVehicle 3	_1_#Occupant	ts Hit/Ru	n $\square$ M	loped Case	Number			19000	01296							
-	License#		St <sup>1</sup>	MA DOR/A	Age	Reg#	Г75416				Reg T	<sub>vne</sub> CO	)N	R	eo Stat	te MA	
Т	Sex_M Lic. (	Class D 18		19		_	ear_2017				-				-	20	_
1	Operator MO		GILMAR		Endorsment		(Same as o				First				ddle		_
- 11	Address 14 BL	Last	First		Middle		ss							Mie	adle		_
	City NEWTO	N		State_MAZ	zip <u>02460</u>	City							State	·	_Zip		_
_ ]	Insurance Com	pany_ARBELL	A			Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)											
]	Vehicle Travel	Direction: N	N S X W Re	sponding to 1	Emergency? N	Event S	Sequence 1	22 1		22	22		3		<b>(4)</b>		
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+		1: Ch90/10/s	Driver Contributing Code 1 24 24 7 6														
L	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed <u>Y</u>										
L	Name (Last Firs		erator and an occ	*	Address		Age/DOB	Sex	Pos.	System	Airbag Ai Status Sw	bag Eje	t Trap le Code	32 Injury Status	Transp. Code	Medical Facil	ity
	Operator				See Above			-		99	4 9	9 0	0	10	1		
Ļ																	
	Please Select O of the Followir	IX Vehic	le4 <u>1</u> #Occupa	ants No	n-Motorist A Ty <sub>I</sub>	pe 1	4 Action	15 I	Location		Con	dition	17		Hit/Ru	un Mop	oed
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	Sex_F Lic. 0	Class D	Lic. Restricti		CDL Endorsment		ear_2016		Veh Ma	ke_TO	YOTA			_Veh	Config		
	Operator PETERS SAMARA  Last First Middle						Owner COCOMA MARY  Last First Middle										
1	Address 24 RICKER RD						Address 24 (apt. 1) RICKER RD									_	
П	City NEWTON State MA Zip 02458						City NEWTON State MA Zip 02458									-	
П	Insurance Company STANDARD FIRE  Vahiala Traval Direction: N S F W Perpending to Emerganary N						Vehicle Action Prior to Crash  1  Damaged Area Code: (Circle Up to Three)  22  22  22  23  3  4								<i>(CC)</i>		
ı	Vehicle Travel Direction: NSEM Responding to Emergency? N  Citation # (If Issued)						Most Hampful Funct 1 23										
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	Violation 1: ChSecViolation 2: ChSec						ride/Override		25	owed.	Y 8		7		6		
_	Ple	ease fill out fo	or operator and a		s involved				26 Seat	27 Safety	28 Airbag Ai	29 3 bag Eje	0 31 Trap	32 Injury	33 Transp.		
F	Name (Last Fin	Non-Motorist			Address See Above		Age/DOE		Y Pos.	System	Status S	witch Co	de Code	Status 10	Code 1	Medical Faci	ility
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F										$\vdash$			+				
1							1			1			-1	1	1	1	



## Crash Narrative:

Operator of vehicle #1 stated he was travelling Westbound on Washington St. The road conditions at that time was covered in Slush and ice. Operator #1 stated as he was rounding a slight bend in the Rd. His vehicle continued to slide to the left and into oncoming Eastbound traffic. Vehicle #1 Then collided with vehicle #2. Operator of vehicle #2 stated he was traveling Eastbound on Washington St. when vehicle #1 slid into his travel lane, striking his vehicle head on. He stated vehicle #2 then Struck vehicle #3 which had been driving eastbound to his right. Operator of Vehicle #3 stated he was travelling Eastbound when his vehicle was struck by Vehicle #2 which caused his vehicle to spin out of control and into the Westbound travel lane where his vehicle struck Vehicle #4. Vehicle #3 then struck the fence owned by the Woodland Golf Club. Operator #4 stated she was travelling Westbound when vehicle #3 spun out of control and struck her vehicle. Operator

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Ad	ddress				Phone #		Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
KOHR, STEPHEN,	1897 WASHINGTON NEWTON,MASSACI		617-527-1900	97	wooi	DEN FENCE		
Truck and Bus Information:  Carrier Name	Registration #		(From Vehi	ĺ		Carrier Issu	ing Authority Coo	35 de
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	railer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Name_			Material 4	digit#_		Release code	42

	Direction 1	■ Vehicle 1 2	=Vehicle 2	₽ Pedestria	n	
Crash Diagram:	ie: → 1	2	_ <b>-</b>	<b>→</b> ĝ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off-Street Parking	g Lot
 		 			☐ Mall/Shopping Ce	
					☐ Other Private Way	7
					Indicate North by A	rrow
			+	+-		
Crash Narrative:						
stated she attempted to s	top but was unal	ole to due to	the poor Rd	. conditions	3.	
Withan						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Dramarty Damara						
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	Pehicle Section)		
Carrier Name	Registration #		(11011 V	,	Carrier Issuing Authority Code	e 35
Address			City		St Zip	
US DOT #:	State Number		_ Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	t # 41 Material N	ame		Material 4 dig	git # Release code	42
DANIEL NARDELLI			XII.	WTON POLICE DEPARTM	12/17/20	119
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	

CDP1 11 ·24·00