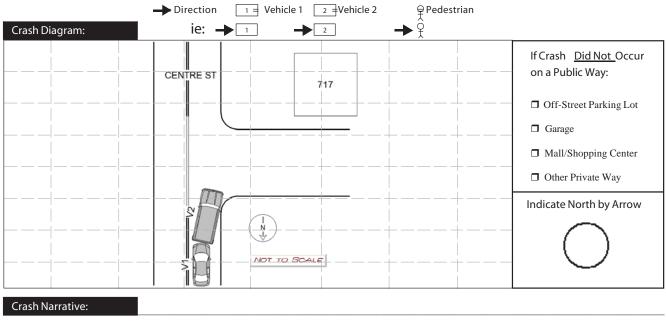
	Pol	ice Use Only		Commonwea	alth o	of Massa	achu	setts	,		RM	V Docui	ment Number	
	Date of Crash 12/17/2019	Time of Crash 14:47 24HR	NEWTON	1/10101		icle Cra Report	sh	Number Vehicles 2		red Lat	eed Lim titude _ ngitude		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:		LOCA		>		NO				CTION:	
						SOUTH	717		CEN	TRE ST				
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						Feet NSEW of or Exit Number								-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with													
² 5						Feet [SEV	V of	Rou	te#	Intersec	ting Koa	idway/Street	2
3	Route# Direc	tion	Name of Intersec	ting Roadway/Street	Landmark									
4	XVehicle1	_1_#Occupants	Hit/Run	Moped Case	Number		190	00001301						
	License#	18 1	St MA	DOB/Age	Reg#	991HK6			Reg	Type_PA	AN	Reg	State MA	
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4 1	Operator HO	Last	HOLLY First	Middle		HOWE Las 24 STEADNS	t CT	PETER	First			Middle	e	- 1
	Address 34 ST		C+-	MA 7: 02459		SS 34 STEARNS					C4-4-	MA	7: 02459	-
	City NEWTON State MA Zip 02459 Insurance Company ENCOMPASS				City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ree)
5	1	Direction: N		onding to Emergency? N			22 22	22	22	O	3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23						10 Undercar. 5 11 Totaled	riage
6	Violation	1: ChSec	c Violation	2: ChSec	Driver	Contributing Co		24	24			<u> </u>)	
⁶ 4	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override								
	Name (Last Fir	rst Middle)	ator and all occup	Address		Age/DOB	Sex Po	26 27 sat Safety s. System	Airbag A Status S	29 Eje witch Coo	30 31 ct Trap de Code	32 Injury Tr Status C	ransp. ode Medical Facil	lity 1
	Operator			See Above				99	4	99 0	0	10 1	L	
7									16		1-1-			
1	Please Select (of the Followi	I A Venicle	2 <u>1</u> # Occupant	Non-Motorist A Ty	pe 1	4 Action 1	5 Locat		16 Co	ndition	17	□н	it/Run Mor	ped
	License#St VA DOB/Age				Reg#	Reg # VDX7462 Reg Type PAN Reg State					State_VA	_		
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Ye	Veh Year 2005 Veh Make TOYOTA Veh Config. 2							onfig. 20	
⁸ 2	Operator NUNNALLY AVERY PIERCE Last First Middle				Owner NUNNALLY SCOTTY Last First Middle								-	
	Address 3762 CLARK RD				Address 3762 CLARK RD								-	
	City CROZET State VA Zip 22932				City CROSET State VA Zip 22932 Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								ree)	
	Insurance Company FEDERAL Vehicle Travel Direction: N X E W Responding to Emergency? N				Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 22									
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	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex P	26 27 sat Safety os. System	28 Airbag A	29 3 Airbag Eje Switch Co	0 31 Frap ode Code		33 ransp. Code Medical Fac	cility
		Non-Motorist		See Above				99	4	99 0	0	10 1		



On the above date and time I responded to 717 Centre St for a report of a crash involving two vehicles. The weather was snowy / rainy/ sleeting, and the roadway was a mixture of ice/ snow.

Upon arrival on scene I spoke with the operator of V1 Ms. Howe, she stated she was traveling south on Centre St when V2 stopped abruptly. Ms. Howes stated she applied the brakes and her vehicle would nt stop due to the icy roadway and she had contact with V2.

I then spoke with the operator of V2, Ms. Nunnally stated that a vehicle had abruptly pulled out of the driveway of 717 Centre St. She stated she applied her brakes immediately to avoid contact and pulled to the right. She stated when she stopped she felt rear impact from V2.

Both parties had no injuries at this time. V2 was towed by Todys towing to 1354 Washington Street Newton.

(Continued or	n next page)								
W itnesses:									
Name (Last, First, Middle)	Address		Phone	Phone #					
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35		
Carrier Name					Carrier Is	suing Authority Co			
Address			City		St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	railer Length				
Hazmat Information:						J			
Placard 40 Material 1 digit #	me	Material 4 digit # Release code							

From Valida Sustinformation: Registration # Registration # Registration	•	Direction 1	→ Vehicle 1 2	≥ ≢Vehicle 2	Pedestr	rian		
	Crash Diagram:	ie: → 1	→ 2	□ →	P Å			
MS. Howe removed valuables from the vehicle. At this time it appears the icy roadway was a contributing factor of the crash. 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: Carrier Name Carrier Name Carrier Name Carrier Sating Authority Code Address City St. Zip US DOT #: State Number Issuing State ICC #: Interstate Cargo Body Type Code Truiler Reg #: Reg Type Reg State Reg Year Truiler Reg #: Reg Type Reg State Reg Type Reg State Reg Year Placard Material 1 digit # Material Name Material 4 digit # Release code 42	Crash Diagram:	· · · · · · · · · · · · · · · · · · ·					On a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	g Lot enter
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)