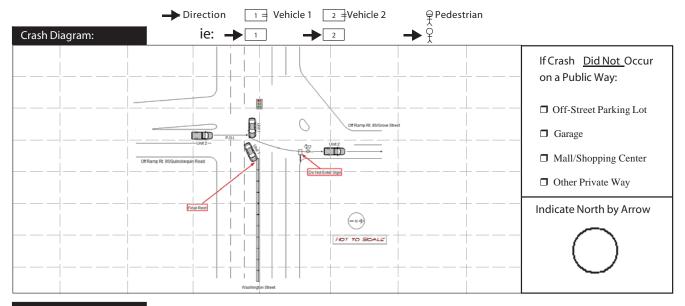
	Poli	ce Use Only		Commonwea	alth o	of Massa	achu	setts	\$		RM	V Docur	nent Number	
	Date of Crash 12/18/2019	Time of Crash 21:40	City/To NEWTON	wn Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N
	12/10/2019	24HR				Report		2	1		ngitude_		Other:	
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		NC	T AT	INTI	ERSE	CTION:	2
	NOR	TH QUINO	BEQUIN RD											
1 <b>4</b>	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ad	dress #		N	ame of F	Roadway	/Street	2
	EAST	WASHI	NGTON ST	Ai		Feet [	N S E	W of			•	or	E NA 1	_
	Route# Direc	tion N		g Roadway/Street		Feet 1	N S E	W of	Mile	Marker			Exit Number	_
			Also at Inter	section with				_	Rout	e#	Intersec	ting Roa	dway/Street	-   6 <sup>1</sup>
2 <b>1</b>	Route# Direct	tion	Name of Interse	cting Roadway/Street		Feet	N S E	w of						6
3			1								La	ndmark		$\dashv$
	XVehicle1	#Occupants	X Hit/Run	Moped Case	Number		19	00001308	3					
	License#	18 1	St M		Reg#	323ZS5			Reg T	Type_PA	N	Reg	State MA	_
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restriction	CDL	Veh Y	ear_2014	Veh	Make_N	IAZDA			Veh Co	onfig. 20	
<sup>4</sup> <sub>3</sub>	Operator MA	Last	LINDA First	Endorsment RYAN Middle	Owner	(Same as open	rator)		First			Middle	,	- <b>1</b>
3	Address 27 JA	CKSON TER				ss								-
	City NEWTO			nte_MAZip_02458	City_						State	:	Zip	_
	Insurance Com	pany_COMMER	CE INSURANCI	<u> </u>	Vehicle	e Action Prior to		1	21	_	ed Area	Code: (	Circle Up to Thr	ree)
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?_N	Event	Sequence 1	22 22		22	2)	3		4	
	Citation # (If Is	ssued)			Most I	Harmful Event	1 23		34	<b>—</b>	9	<u> </u>	10 Undercard 5 11 Totaled	riage
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co			24	3		$\sum$	6	
<sup>6</sup> 1				4: ChSec	Under	ride/Override	25	Towe	ed Y		,			
	Please f		ator and all occu	pants involved Address		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A Status Sv	29 3 irbag Ejec vitch Cod	0 31 Et Trap le Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	ity 1
	Operator			See Above				1	4 4	0	0	8 2	NEWTON WELLE	SLEY
<sup>7</sup> <b>8</b>	Please Select C of the Followin	I A Venicle	2 <u>1</u> #Occupan	ss Non-Motorist A Typ	pe 1	Action 1	Loca	ution	16 Cor	ndition	17	<b>Х</b> ні	t/Run Mop	ped
	License#		StM		Reg#	1YF845			Reg T	Гуре_РА	N	Reg	State_MA	_
	Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction		Veh Ye	ear_2017	Veh	Make_H	ONDA			Veh Co	20	
<sup>8</sup> <b>2</b>	Operator WIC	GGIN Last	ANDREW	Endorsment DAVID  Middle	Owner	(Same as open	rator)		First			Middle		_
	Address 32 M	ARLBOROUGH	I RD	Middle	Addres	SS			First			Middle		_
	City SALEM		Sta	nte_MA _ Zip _01970	City_						State	:	Zip	_
	Insurance Com	pany COMMER	CE INSURANCE	<u> </u>	Vehicle	e Action Prior to	Crash	1	21	Damag	ed Area	Code: (	Circle Up to Thr	ree)
	Vehicle Travel	Direction:	S E W Res	sponding to Emergency? N	Event	Sequence 1	22 22	22	22		3		4	
	Citation # (If Is	ssued)_T2079586			Most I	Harmful Event	1 23			_	9	$  \cdot  $	10 Undercari 5 11 Totaled	riage
	Violation	n 1: Ch <u>90/24/C</u> Se	ec Violatio	n 2: Ch_90/24/F <sub>Sec</sub>	Driver	Contributing Co			3 24		VÍ	$\searrow$		
	Violation	n 3: ChSe	ecViolatio	n 4: ChSec	Under	ride/Override [	25	Tower	<u> </u>	3	7		6	
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 Seat Safety Pos. System	28 Airbag A	29 Sirbag Ejec	0 31 Trap de Code		33 ansp. Code Medical Faci	ility
		Non-Motorist		See Above		AgGDOB		· 99		9 0	0	99 1		
						1								



## Crash Narrative:

Operator of MV1 states she was traveling eastbound on Washington Street when she entered the intersection where Rt. 95 on/off ramps and Quinobequin Rd meet. Operator of MV1 states she had the green signal when MV2, described as a dark colored pick up truck, ran the red light traveling northbound from the off ramp of Rt. 95 southbound/Quinobequin Rd. and crashed into MV1 head on. Operator of MV1 states MV2 fled the scene traveling northbound in the Do Not Enter lane traveling towards Grove St. Operator of MV1 states MV2 sustained front end damage, while MV1 sustained damage to the right front fender and was towed from the scene. Operator of MV1 sustained a wrist injury and was transported to Newton Wellesley Hospital.

While investigating the scene, the license plate (MA Reg: 1YF845) from MV2 was left behind from the crash. The registration plate came back on a gray 2017 Honda Ridgleline pick up truck, which matches the

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	45 EDDY ST		
DUNCAN , LISA, R	NEWTON,MA 02465		Y
	101 (apt C5) WALKER ST		3.
MCQUILLAN , JENNIFER,	NEWTON,MA 02460		Y

Address	Phone #	34-Type	Description of Damaged Property
Pagistration #	(From Vehic	la Saction)	
			Address Phone # 34-Type  Registration # (From Vehicle Section)

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #:S		Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

TIMOTHY F KEEFE		:	NEWTON POLICE DEPARTM		12/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1 =	Vehicle 1 2	₹Vehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	→	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					— ☐ Off-Street Parking Lot
	_				Garage
	į į	į			☐ Mall/Shopping Center
				+	— ☐ Other Private Way
	- — — — — — —				Indicate North by Arrow
	- —   — — —   —				
Crash Narrative:					
description of the vehicle	involved in the	crash. The	vehicle is re	gistered to A	Andrew Wiggin out of 32
Marlborough Rd Salem, MA.					
					illan states she was behind
					e scene northbound in the Do
					g on the right hand side of
MV1. Ms. Duncan also state					
northbound in the Do Not E	nter lane. Both	Ms. McQuilla	an and Ms. Dun	can believe a	a male was operating the
vehicle.					
W itnesses: Name (Last, First, Middle)		Address			Phone # Statem
Property Damage:			DI "	24.7	
Owner (Last, First, Middle)	Address		Phone #	34-Type Descr	iption of Damaged Property
Truck and Bus Information:	Registration #		(From Vehic	cle Section)	
Carrier Name					Carrier Issuing Authority Code
Address			City		St Zip
US DOT #:	State Number		_ Issuing State	ICC #:	Interstate 36
Cargo Body Type Code Gros	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	 Reg State	Reg Year	Trailer Le	ength 39
Hazmat Information:					
Placard 40 Material 1 digit #	41 Material Nam	ne		Material 4 digit #	Release code 42
TIMOTHY F KEEFE	G	-		N POLICE DEPARTA	12/18/2019
Police Officer Name (Please Print)	Signature	1	D/Badge # Depa	artment	Precinct/Barracks Date