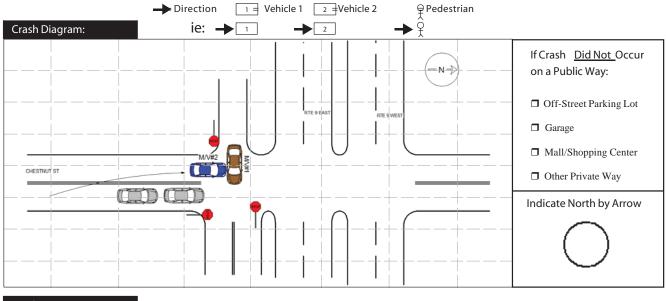
	Poli	ice Use Only		Comn	nonweal	lth o	of Massa	achu	iset	ts	[	I	RMV D	Ocume	ent Number	
	Date of Crash 01/18/2020	Time of Crash	City/ NEWTON	Γown	Motor	Veh	icle Cra	sh	Numb				Limit <u>2</u> le	5	State Police Local Police MBTA Police	<u>N</u>
	01/10/2020	24HR	NEWTON		Pol	ice I	Report		2	0			ude		Other:	
	AT INTERSECTION: <				< I	LOCATION > NOT AT INTERSECTION:							ΓΙΟN:			
	EAST	T BOYLS	TON ST													F
<b>4</b>	Route# Direction Name of Roadway/Street  At  NORTH CHESTNUT ST					Route# Direction Address # Name of Roadway/Street										
						Feet NSEW of or Mile Marker Exit Number							_			
	Route# Direc	etion N		ting Roadway/Str	reet		Feet N	d e F	W of	IVI	ne mar	кег			Exit Number	_
			Also at In	tersection with		-				Ro	ute#	Inte	ersectin	g Roadw	/ay/Street	-  -
<b>4</b>	Route# Direc	tion	Name of Inter	secting Roadway	/Street		Feet N	N S E	W of							
3	Route# Direction Name of Intersecting Roadway/Street						Landmark									$\dashv$
	XVehicle1	#Occupants	Hit/Ru	n Mop	ed Case N	Number		20	000000	068						
	License#		St	MA DOB/Age		Reg#5	5AM337			Re	g Type	PAN		Reg St	ate_MA	
	Sex_M_ Lic.	18 1	8 Lic. Restricti	ons 1 19 C	DL		ear_1999								20	
4	1	RIN			ndorsment		(Same as oper	rator)							5	_
2	Address 46 NO	Last ORFOLK ST (apt	t. 3)		Middle	Owner (Same as operator)  Last First Middle									- L	
	City DORCH			State_MA_Zip_	02124	Address  City State Zip										_
		<sub>ipany</sub> CITIZENS		JuicZIP .		-				21					cle Up to Thr	_
5	1	. ,			9 N		Action Prior to	22 22	2 22		2		0	4	•	
1		Direction: N		esponding to Em	ergency?		Sequence 1	23					Ĭ/		10 Undercari	riage
	,	ssued)				Most H	Harmful Event	1	24	24	1	-	9	5	11 Totaled	
6	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver	Contributing Co	ode 25	1		8		7			
<sup>6</sup> 3		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N								_	
	Please t Name (Last Fir		ator and all oc	cupants involve	d Address		Age/DOB	Sex S	26 Seat Saf Pos. \$ys	27 28 ety Airbag stem Status	29 Airbag Switch	30 Eject I Code C	31 Crap Inju Code Star	32   33 iry Trans tus Code	p.	ity
	Operator			Sec	e Above				99	9 4	4		0 10	) 1		
7																
2	Please Select C of the Followi		2 <u>2</u> #Occup	ants Non-A	Motorist A Type	e 1	4 Action 1	5 Loca	ation	16	Conditio	on	17	Hit/F	Run Mop	ped
	License#	icense # St MA DOB/Age					Reg # 6FG711				g Type	PAN	Reg State MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2010 Veh Make TOYOTA Veh Config. 1										
8	Operator EAGLE LINDSAY S Endorsment					Owner (Same as operator)										
1	Address 162 CENTRE ST (apt. 3)					Last First Middle									_	
	City ROXBURY State MA Zip 02119				02119	Address State Zip									-	
						-				21						ee)
	Insurance Company GEICO  Vahiala Traval Directions WELEW Responsible to Engage 2N					venicie Action Prior to Clash 2										
	Vehicle Travel Direction: ■					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									riage	
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 7									
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					Underr	ide/Override		Tov	ved Y		20	21 1 2			
	Pl Name (Last Fi		operator and	all occupants in	volved Address		Age/DOB	Sex	26 Seat Saf Pos. Sy	27 28 fety Airbag stem Statu	29 Airbag s Switch		rap Inju	32 33 ary Trans atus Code	p.	ility
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## Crash Narrative:

Based on observations, and statements made, the following occurred.

M/V#1 was traveling east on the Rte 9 off ramp, and came to a stop, at the intersection of Chestnut St. He stated that north bound traffic, on Chestnut St. had stopped to allow him to enter the intersection, and as he did, he was struck by M/V#2.

The operator of M/V#2 stated that she was traveling north on Chestnut St., and as she came over the hill, she attempted to stop, but her car began to slide. She stated that to avoid hitting the stopped traffic in front of her, she pulled into the left lane, and her M/V continued to slide downhill, past the stop sign, and into the intersection, where she collided with M/V#1. The passenger of M/V#2 corroborated operator #2's statements.

Witnesses:									
Name (Last, First, Middle)		Address				Phone #	Statement		
Property Damage:									
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				cription of Damaged Property			
Truck and Bus Information:  Carrier Name			(From Vehic	cle Section)		Carrier Issuing Authority Cod	e 35		
Address			City			St Zip			
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer L				
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 o	ligit #	Release code	42		

STEVEN C EMMANUEL		NEWTON POLICE DEPARTM	01/18/2020		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date