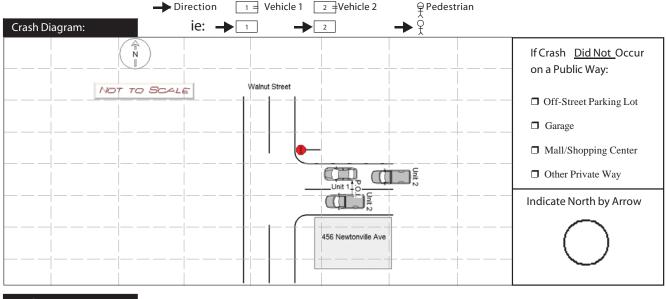
	Poli	ce Use Only		Commo	onwealth	of Ma	issach	iuse	tts]	RMV	Docum	ent Number	
	Date of Crash 02/21/2020	Time of Crash 16:03 24HR	NEWTON	Town	Motor Vo Police	ehicle (Repor				jured	Speed Latitud Longit	de		State Police Local Police MBTA Police Other:	N N
			RSECTION:			ATION	>		I	TO	_		RSEC	TION:	
						E.A	AST 4	456	NI	EWTON	IVILLI	E AVE			
1 1	Route# Direct	tion	Name	of Roadway/Street At		Route# D	irection	Address	#		Name	e of Ro	adway/S	Street	
	At					Feet NSEW of or Mile Marker Exit Number								_	
	Route# Direct	tion		ing Roadway/Street		- - Fe	eet N S	E W o		1110 1110	ikei			LAR IVAINOCI	
2 1			THIS WE THE	or section with		Fe	eet N S	E W o		oute#	Int	tersecti	ng Road	way/Street	_ _
1	Route# Direct	tion	Name of Inters	secting Roadway/Str	reet	-			_			Lanc	lmark		
3	XVehicle1	_1_#Occupants	s Hit/Ru	n Moped	Case Numb	er		200000	0174						
	License#		St ¹	MA DOB/Age	Pag	g# 679DA6				ag Type	PAN		Pag S	tate_MA	
	Sex_F_ Lic. (Tlass D 18	18 Lic. Restriction	19		Year_2008		Veh Mak						20	_
4	Operator KEL		─ KATHRYN	Endo	rsment	ner KELLY		JA		irst		M		ing.	- 1
4	Address 40 NC	Last ORTH ST	First	Mic	ddle	dress 40 NOR	Last		F	irst			Middle		_
	City NEWTO			State MA Zip 024											
	Insurance Com	pany_ARBELLA	A INSURANCE		Vel	nicle Action Pr	rior to Cras	sh .	1 21	Dar	naged	Area C	Code: (C	ircle Up to Thr	ree)
1	Vehicle Travel	Direction: N	S E X Re	sponding to Emerge	ency? N Eve	ent Sequence	1 22	22	22 22	2		3		4	
	Citation # (If Is	ssued)			Mo	st Harmful Ev	rent 1	23			_ `	9		10 Undercari 5 11 Totaled	riage
	Violation	1: ChSe	ec Violatio	on 2: ChSec_	Dri	ver Contributi	ng Code	1 24	4 2	4		广		o II Iotaled	
1	Violation	3: ChSe	ec Violatio	on 4: ChSec_	Un	derride/Overri	de	25 T	Towed_N	8 		O		6	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				dress	Age/DO	OB Sex	26 Seat S Pos. \$	27 2 Safety Airba System Statu	3 29 g Airbag s Switch	30 Eject Code	31 Trap Ir Code \$	32 Tran	33 isp. le Medical Facil	ity 1
	Operator			See A					1 4	4			10 1		
7 1	Please Select C	IX Vehicle	le2 <u>1</u> #Occupa	nts Non-Mot	orist A Type	14 Action	15 L	ocation	16	Condition	on	17	Hit/	/Run Mop	ped
ľ	License#StDOB/Age=				Rec	Reg # UNK Reg Type UNK Reg State XX							tate XX	_	
	Sex M Lic. Class 99 Lic. Restrictions 9 CDL					Veh Year UNK Veh Make UNK Veh Config. 20								-	
2	Endorsment Operator UNKNOWN UNKNOWN UNKNOWN				rsment	Owner (Same as operator)									
2	Last First Middle Address UNK UNK				ddle	Last First Middle Address									_
	City UNK State XX Zip UNK														
	Insurance Company UNKNOWN					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ree)
	Vehicle Travel Direction: NSEN Responding to Emergency?N				gency? <u>N</u> Eve	22 22 22 2									
	Citation # (If Issued)				Mo	Most Harmful Event 1 23								riage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 99 24 24 5 11 Totaled									
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6									
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			r operator and a	*						0		- Tup		ısp.	
	Name (Last Fir		r operator and a	*	ddress	Age/D		Pos.	99 99	us Switch	Code	Code	Status Co	de Medical Faci	ility
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-	Name (Last Fir	rst Middle)	r operator and a	Ac	ddress			Pos.	System Sta	us Switch	Code	Code	Status Co	de Medical Faci	ility



Crash Narrative:

(Continued on next page)

On Wednesday 02/19/2020, at approximately 1500 hrs, operator of MV1 stated she was traveling eastbound on Newtonville Ave, right before Walnut Street, a dark colored pick up truck was traveling behind her. Operator of MV1 stated she was driving below speed limit due to the approaching intersection at Walnut street when MV2 went into the eastbound traveling lane attempting to go around her. While attempting to go around MV1, MV2 side swiped MV1 causing the driver side mirror to break off causing moderate damage to the driver side of her vehicle.

Operator of MV1 stated the pick up truck then stopped in front of her and the operator, an adult male began to yell at her then drive off. Operator of MV1 stated she got back in her car and did not get any information and did not have her cell phone to call the police. Operator of MV1 stated she was able to

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: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address___ US DOT #: ____ Issuing State ____ ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State ____ Reg Year___ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

SEAN STAKE		:	NEWTON POLICE DEPARTA		02/21/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestrian	1	
Crash Diagram:	ie: →□	1	2	→Ŷ		
					If Crash <u>Did Not O</u> on a Public Way:	
						Lot
					Garage	
					☐ Mall/Shopping Cer	nter
					☐ Other Private Way	
		- 		+-	Indicate North by Ar	row
		 -				
Crash Narrative:						
drive her vehicle home that	at day.					
No further description of	the pick up to	ruck was provi	ided.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #_		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 digi	it# Release code	42
SEAN STAKE			NE	WTON POLICE DEPARTM	02/21/202	20
Police Officer Name (Please Print)	Signatur	re		Department	Precinct/Barracks Date	

CDP1 11 ·24·00