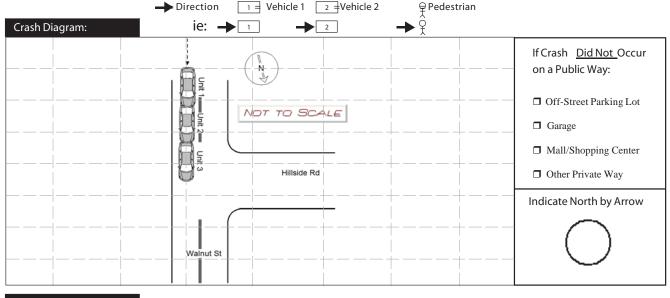
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RM	V Docu	ment Number			
	Date of Crash 02/22/2020	Time of Crash 10:10 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 3		ed Lati	ed Limi itude _ igitude_		State Police Local Police MBTA Police Other:	e 🚨		
			RSECTION:		LOCAT		>						CTION:			
	EAST	Γ HILLSI	DE RD											2		
1 1	Route# Direc		Name of l	Roadway/Street		Route# Direction	on Ado	lress #		Na	ame of I	Roadway	//Street	2		
	NOR	TH WALNU	UT ST	Feet NSEW of • or												
	Route# Direc	etion N	Name of Intersecting		Mile Mark Feet N S E W of							Exit Number				
			Also at Inters	-		_	Route# Intersecting Roadway/Street									
<b>1</b>	Route# Direc	tion	Name of Intersec	ting Roadway/Street	Feet N S E W of  Landmark											
3	W Valada 1	1 #0	DIE/B	DManual	Landmark											
1	Venicie	#Occupants			Number			00000177								
	License#	18 1	St MA	19	Reg#								State MA 20	_		
	Sex_F_ Lic.	Class D	Lic. Restrictions	Endorsment		ear_2019		Make_FC	ORD			Veh Co	onfig. 1	]		
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	Address 60 DZ City SOMERV			e_MA Zip_02145	Address											
		npany_PLYMOUT		City State Zip  Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)												
5	1	Direction: X		onding to Emergency? N	Vehicle Action Prior to Crash  1  Event Sequence  1  22  22  22  22  23  4											
		ssued) T2080643		manig to Emergency:		Harmful Event	1 23					A	10 Underca	rriage		
				2: ChSec		Contributing Co		9 24 5	24	<b>—</b>	9		5 11 Totaled			
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	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po	os. \$ystem 99	Status \$w	itch Code	e Code 0	\$tatus   C   10   1	ode Medical Fac	ility		
<sup>7</sup> <b>3</b>	Please Select C		2 <u>1</u> #Occupants	Non-Motorist A Typ	pe 1	4 Action 1	5 Loca		16 Con	dition	17	<u></u> н	it/Run	ped		
	License#		St MA	DOB/Age	Pag#	9LN249			PagT	vno PA	N	Pag	State_MA			
	Sex_M Lic.	18 1	_	g # 9LN249 Reg Type PAN Reg State MA h Year 2016 Veh Make HONDA Veh Config. 1												
<sup>8</sup> <b>1</b>	Operator BAN	NDINI	Owner (Same as operator)									_				
1	Address 37 H	Last	First	Middle		Las:	t		First			Middl	e			
	City NEWTO	N	Star	City_						State		Zip	_			
	Insurance Com	npany_COMMER	Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)													
	Vehicle Travel	Direction:	Event Sequence 1 22 22 22 22 2 3 4													
	Citation # (If I	ssued)		Most I	Harmful Event	1 23		1	<b>+</b>	9		10 Underca	rriage			
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	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Air Status Sv	29 30 bag Ejec witch Coo	Trap de Code		33 ransp. Code Medical Fa	cility		
	Operator/	Non-Motorist		See Above			-	0	4 9	9 0	0	10 1	ı			

Date		ee Use Only Time of Crash	n City/T	Commo						mber	Number	Snee	RMV ed Limi			t Number ate Police	
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				-	Feet NSEW of or Mile Marker Exit Number										_		
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						Route# Intersecting Roadway/Street  Feet N S E W of											
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J			St M	A DODA		Reg # 7	NIV785				Reg Ty	РΔ	NI.		G	МА	
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	Insurance Company STANDARD FIRE						ry NEWTON CENTRE State MA Zip 02459 hicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
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,	Violation 3	3: ChSe	ec Violatio	n 4: ChSec_		Underri	de/Override		25	— Гowed	N 8		7		6		
Nam	Please fi		rator and all occ	*	d 26 Seat Pos.						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code N						ity
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Please	se Select O	ne Vehic	le#Occupa	ute Non-Mot	orist A Type	14	Action	15	ocation	1	6 Condi	tion	17		Hit/Ru	п ПМор	had
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	me (Last Fir: Operator/N	st Middle) Non-Motorist		See A	bove bove		Age/DOB		Pos.	System	Status Swit	ch Cod	e Code	Status	Code	Medical Facil	ity
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			1												- 1		



## Crash Narrative:

Mv#1 operator stated she was travelling on Walnut St N/B and looked to her left at a house for sale. #1 stated at that time she rear ended Mv#2 that was stopped in traffic ahead of her. #1 sustained heavy front end damage and was towed by AAA.

Mv#2 operator stated he was travelling on Walnut St N/B and slowed to a stop for Mv#3 which came to a stop in front of him for a pedestrian crossing Walnut St at Hillside Rd. #2 stated at that time he was rear ended by #1 and was pushed forward into #3. #2 sustained significant rear end damage and appeared to sustain no damage to the front end. #2 was able to be driven away.

Mv#3 operator stated she was travelling on Walnut St N/B at Hillside Rd and slowed to a stop for a pedestrian crossing Walnut St. #3 stated at that time she was rear ended by #2. #3 appeared to sustain no damage to the

(Continued on next page)

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

	Direction	1 =	Vehicle	[	2 =Vehicle 2		¥ Pedestr	ıan		
Crash Diagram:	ie: <b>→</b> [	1	-	<b>→</b> [	2					
	-			. =					If Crash Did Not Coon a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way  Indicate North by An	Lot
rear end.										
No injuries reported.										
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Registration #				(Fron	n Vehicl	e Section)			
Carrier Name					(11011	ii veinei			Carrier Issuing Authority Code	35
Address					_ City				St Zip	
US DOT #:	State Number				Issuing State		ICC #:_		Interstate	36
Cargo Body Type Code 37	bross Vehicle Weight	3	38							
	. [								39	
Trailer Reg #:	Reg Type		Reg St	ate _	Reg Ye	ear	Tra	ailer L	ength	
Hazmat Information:	41									42
Placard 40 Material 1 dig	it # 41 Materia	l Nan	ne				Material 4	ligit#	Release code	42
ADAM D GABRIEL				251:	<del></del> 17	NEWTON	POLICE DEPARTS		02/22/20	20

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)