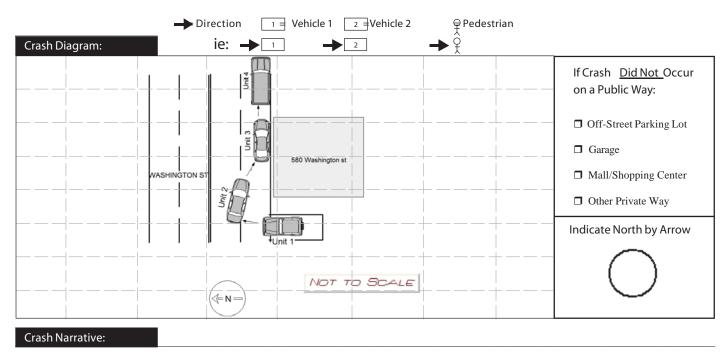
	Police Use Only	Comm	nonwealth	of Massa	chuse	etts		RM	V Docum	ent Number
	Date of Crash Time of Crash O 03/31/2020 17:11 NEWTO	Motor Vel	hicle Cras	h Nu			eed Limititude _		State Police Local Police MBTA Police	
	03/31/2020 17:11 NEWTC	Police	Report	4	"		ngitude_		MBTA Police Other:	
	AT INTERSECTI	ON:	< LOCA	ATION >		N	OT AT	INT	ERSEC	TION:
				EAST	580	WA	SHINGT	ON STI	REET	
1	Route# Direction N	Name of Roadway/Street	t	Route# Direction	Addres	s #	N	ame of I	Roadway/S	treet
- -		At		Feet N	S E W	of		•	or	
-	Route# Direction Name of Int	tersecting Roadway/Stre	eet			M	le Markei	:		Exit Number
-		at Intersection with		Feet N	S E W		ute#	Intersec	ting Roady	vav/Street
]-				Feet N	S E W		acon	intersec	ing roud	, ay , Billeet
<u> </u>	Route# Direction Name of	f Intersecting Roadway/S	Street					La	ndmark	
	XVehicle1 1 #Occupants Hi	it/Run Mope	ed Case Numbe	er	200000	00252				
]	License #	_St MA DOB/Age	Reg	# 5TRL60		Reg	Type_PA	AN	Reg S	tate_MA
	Sex_M Lic. Class D 18 18 Lic. Res	estrictions 1 19 CI	DL Veh	Year_2015	Veh Ma	ke_JEEP			_ Veh Con	fig. 2 20
\neg	Operator COMPAGNA KEVIN	N	ndorsment Own	er (Same as opera	tor)					
4	Address 280 PLEASENT ST	irst !	Middle	ress		Firs			Middle	
		State_MAZip_0	02021 City					State	:Zi	p
]	Insurance Company ARBELLA MUTUAI	_		cle Action Prior to	Crash	6 21	Damag	ged Area	Code: (Ci	rcle Up to Three)
\neg	Vehicle Travel Direction: NSEX	Responding to Emer	rgency? N Ever	at Sequence 1 22		22 22	O	3		1
	Citation # (If Issued)		Mos	Harmful Event	23			9		10 Undercarriage
	Violation 1: ChSec V	'iolation 2: ChSe	ec Driv	er Contributing Cod	e 19 ²	24 24			\	5 11 Totaled
	Violation 3: ChSec V	iolation 4: ChSe	ec Und	erride/Override	25 ,	Towed N	8	7		5
+	Please fill out for operator and a			26 Seat	27 28 Safety Airbag	29 Airbag Eje	30 31 ect Trap de Code	Injury Tran	33 sp.	
	Name (Last First Middle) Operator	1	Address Above			System Status 99 4	switch Co	de Code 0	\$tatus Code	Medical Facility
H										
-										
L										
_										
	Please Select One of the Following:	Occupants Non-M	lotorist A Type	14 Action 15	Location	16 C	ondition	17	Hit/	Run Moped
1	License#	_St MA DOB/Age	Reg	# 1KL458		Reg	Type_PA	AN	Reg S	
	Sex_F Lic. Class D 18 18 Lic. Res			Year_2009	Veh Ma	ке_точот	Α		_ Veh Con	fig. 1 20
7	Operator RICHARDSON ASHLI	EY	ndorsment Own	er (Same as opera	tor)					
4	Address 340 LINWOOD AVE	First	Middle Addr	ress		Firs			Middle	
- ,	City NEWTON	State_MA Zip_0	02460 City					State	Zi	p
	Insurance Company PLYMOUTH ROCK		Vehi	cle Action Prior to	Crash	1 21	Damag	ged Area	Code: (Ci	rcle Up to Three)
- 1	Vehicle Travel Direction: NSWW	Responding to Eme	ergency? <u>N</u> Ever	at Sequence 1 22		22 22	O	3		•
	Citation # (If Issued)			Most Harmful Event 2 23						
	Violation 1: ChSecV	Violation 2: Ch		er Contributing Cod		24		9	-	5 11 Totaled
	Violation 3: ChSecV			erride/Override	25	owed Y	8	7		5
	Please fill out for operator	and all occupants inv	volved		26 Seat	27 28 Safety Airbag	29 Airbag Eje	30 31 Frap	Injury Tran	3 sp.
Ļ	Name (Last First Middle)		Address	I A /DOD	Sex Pos.	System Status	Switch C	ode Code	Status Coo	
-	· · · · · · · · · · · · · · · · · · ·	See		Age/DOB						le Medical Facility
	Operator/Non-Motorist	See	Above	Age/DOB		99 3	99 0	0	10 1	é Medical Facility
-	· · · · · · · · · · · · · · · · · · ·	See		Age/DOB						de Medical Facility

	lice Use Only		Commonwo			_					ment Number		
Date of Crash 03/31/2020		City/Town NEWTON			icle Cra	$\mathbf{sh} \mid_{\mathbf{V}_{\mathbf{c}}}^{\mathbf{N}_{\mathbf{c}}}$	umber chicles	Number Injured	Speed Lin		State Police Local Police MBTA Police		
	24HR		P		Report	4		0	Longitude		Other:		
	AT INTERSI	ECTION:	<	LOCA	TION >	>		NOT	AT INT	ERSE	CTION:		
Route# Dire	ection	Name of Ros	adway/Street		Route# Directio	n Addre	ss#		Name of	Roadway	/Street		
1			Feet N S E W of or Exit Number										
Route# Dire	ection Nam												
1		Also at Intersect	ion with					Route#	Interse	ecting Roa	dway/Street		
Route# Dire	ection N	lame of Intersecting	g Roadway/Street		Feet N	SEW	01		T	andmark			
XVehicle	3 0_#Occupants	Hit/Run	☐ Moped Ca	ase Number		20000	000252		L	andmark			
License #		Ç.	DOB/Age	Pag#	7BG273			Dog Tune	PAN	Dag	State MA		
Sex Lic.	18 18	Lic. Restrictions	19 CDL	-	ear_2013					_	20		
		Lic. Restrictions	Endorsment		CHOUINARI		ADAM			_ ven co	omig. 1		
Operator		First	Middle		Last SS 115 (apt. 4) G			First		Middle	>		
			Zip		WEST ROXBURY				Star	te MA	Zip_02132		
	mpany_ARBELLA MU			•	e Action Prior to		11 21				Circle Up to Three)		
Vehicle Trave	el Direction: NS	X W Respond	ling to Emergency? N	Event	Sequence 1 2	$\begin{vmatrix} 2 & 22 \end{vmatrix}$	22	22 2	:	3	4		
]	Issued)				Harmful Event	1 23			_ \-		10 Undercarriage 5 11 Totaled		
Violatio	n 1: ChSec	Violation 2:	ChSec	Driver	Contributing Co	de 1	24	24	- //	ÍV.	J		
Violatio	n 3: ChSec	Violation 4:	ChSec	Under	ride/Override	25	Towed	8		7	0		
Please Name (Last Fi	fill out for operator	r and all occupan	ts involved		Age/DOB	Sex Pos.	27 Safety A	28 29 Airbag Airbag Status Switch	30 3 Eject Trap Code Code	1 32 Injury Tra	33 ansp. ode Medical Facility		
Operator			See Above				- Jystem t	ratus pwitch	Code Code	, guitus et	suc Wedicai Lacinty		
Please Select	One				14 1:	3	1	6	17				
of the Follow		0_# Occupants	Non-Motorist A	Туре	Action	Location	n	Conditi	on	Hi	t/Run Moped		
License#		St	DOB/Age	Reg#	3AGN11			Reg Type	PAN	Reg			
Sex Lic.	. Class 18 18 I	Lic. Restrictions	19 CDL	Veh Y	ear_2020	Veh M	ake_HO	NDA		_ Veh Co	onfig. 20		
Operator	Last	First	Endorsment		LOJA GUAM	AN A	ANN	First	I	Middle			
				Addre	ss 51 HART ST								
Address			Zip	City _	TAUNTON				Sta	te_MA	Zip <u>02780</u>		
City		Insurance Company GOVERNMENT EMPLOYEES				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)							
City		NT EMPLOYEES				Event Sequence 2 22 22 22 22 3 4							
City			ading to Emergency?N	Event	Sequence 2						10 Undercorrisco		
City Insurance Cort Vehicle Travel	mpany GOVERNME	X W Respon			Sequence 2 2 Harmful Event	23		1		9	10 Undercarriage (3) 11 Totaled		
City Insurance Cor Vehicle Travel Citation # (If	mpany GOVERNME I Direction: N S Issued)	X W Respon		Most	,	23 2 23 de 1	24	24 1	-	9	(G) 11 Totaled		
City Insurance Cor Vehicle Travel Citation # (If Violation Violation	GOVERNME	W Respor Violation 2: Violation 4:	chSec	Most 1	Harmful Event	2 23 de 1 25 ,	24 Γowed _	N 8			(3) 11 Totaled		
City Insurance Cor Vehicle Travel Citation # (If Violation Violation	mpany GOVERNME I Direction: N S Issued) on 1: Ch Sec on 3: Ch Sec	W Respor Violation 2: Violation 4:	chSec	Most 1	Harmful Event Contributing Co	2 23 de 1 25 ,	Towed _	N 8 29 irbag Airbag	30 31 Eject Trap Code Cod	7	(G) 11 Totaled		
City Insurance Cor Vehicle Travel Citation # (If Violation Violation P Name (Last F	mpany GOVERNME I Direction: N S Issued) on 1: Ch Sec on 3: Ch Sec	W Respor Violation 2: Violation 4:	chSeccupants involved	Most 1	Harmful Event Contributing Co	2 23 de 1 25 ,	Towed _	N 8 29 irbag Airbag	30 3 Eject Trap	7	6 11 Totaled		
City Insurance Cor Vehicle Travel Citation # (If Violation Violation P Name (Last F	mpany GOVERNME I Direction: N S Issued) on 1: Ch Sec on 3: Ch Sec Please fill out for operity Middle	W Respor Violation 2: Violation 4:	ch Sec Ch Sec Cupants involved Address	Most 1	Harmful Event Contributing Co ride/Override	2 23 de 1 25 ,	Towed _	N 8 29 irbag Airbag	30 3 Eject Trap	7	6 11 Totaled		



On Tuesday, March 31st 2020, at approximately 5:11pm, I, Officer Brooks, responded to 580 Washington street for a motor vehicle accident. Upon arrival I spoke with the operator of MV1(MA REG 5TRL60) who stated he was pulling out of the parking lot of 580 Washington street, and was attempting to turn left to head westbound on Washington street. He stated he was already in the first eastbound lane of traffic when MV2(MA REG 1KL458) came at a high rate of speed eastbound on Washington street in the center lane and struck his vehicle. After striking his vehicle, MV2 hit MV3(MA REG7BG273) which was parked legally in front of 580 Washington street. The collision caused MV3 to hit MV4(MA REG 3AGN11) which was parked legally in front of MV3. MV1 had damage to the front passenger side bumper.

I then spoke with the operator of MV2 who stated she was traveling eastbound on Washington street in the far

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				
Carrier Name			,			Carrier Issui	ing Authority Code	35
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gross	s Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#		Release code	42

JOSEPH J BROOKS		38339	NEWTON POLICE DEPARTM		03/31/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1	■ Vehicle 1 2	yehicle 2	₽ Pedestria	an		
Crash Diagram:	ie: → 1		□ →	₽Ŷ			
		<u> </u> <u> </u>				Crash <u>Did Not (</u> n a Public Way:	Occur
						Off-Street Parking	g Lot
						Garage	
						Mall/Shopping Co	enter
		+				Other Private Way	y
				+	Inc	dicate North by A	rrow
		 		+ +		\bigcirc	
Crash Narrative:			,	,			
right lane. She states MV1	pulled out of	the parking	lot of 580 Wa	shington s	street and st	ruck her vehi	cle
causing her to loose contr	ol and hit MV3	which was pa	rked. Her car	had airba	ng deployment	and damage t	o the
passenger side rear wheel	well as well as	the front e	end.				
MV 3 had damage to the rea							
in the accident, and the o			fusal with Ca	taldo. Tod	ly's towed MV	2 due to the	damage.
A motor vehicle inventory	was filled out	and filed.					
Witnesses: Name (Last, First, Middle)		Address			Phon	e #	Statement
raine (East, 1154, madre)		7.00.03				<u> </u>	- Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	naged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Name					Carrier I	ssuing Authority Cod	le 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38	-			_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length)	
Hazmat Information:						_	
Placard 40 Material 1 digit #	Material Na	ame		_ Material 4 di	igit #	Release code	42
JOSEPH J BROOKS		38339		ON BOLLOT DESCRIPTION		03/31/2	020
Police Officer Name (Please Print)	Signature			partment	Precinct/Ba		

CDP1 11 ·24·00