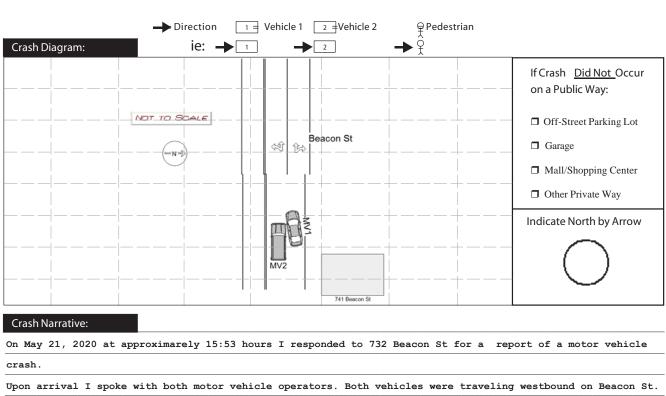
|   | ice Use Only             |                    |                   |                  |   | f Massa         |             | setts              |                                |                   |                            |                  | ment Number                                 |         |
|---|--------------------------|--------------------|-------------------|------------------|---|-----------------|-------------|--------------------|--------------------------------|-------------------|----------------------------|------------------|---|---------|
| Date of Crash<br>05/21/2020             | Time of Crash<br>15:53   | City/I<br>NEWTON   | `own              |                  |   | icle Cra        | sh          | Number<br>/ehicles | Numb<br>Injure                 |                   | ed Limi<br>itude           |                  | State Police<br>Local Police<br>MBTA Police |         |
| 00/21/2020                              | 24HR                     |                    |                   |                  |   | Report          |             | 2                  | 0                              |                   | ngitude_                   |                  | Other:                                      | е 🔟     |
|   | AT INTER                 | RSECTION:          |                   | < L              | OCAT  | TION :          | >           |                    | NO                             | T AT              | INTI                       | ERSE             | CTION:                                      |         |
|   |                          |                    |                   |                  |   | WEST            | 741         |                    | BEAC                           | ON ST             |                            |                  |   |         |
| Route# Direction Name of Roadway/Street |                          |                    |                   |                  | Route# Direction Address # Name of Roadway/Street                                       |                 |             |                    |                                |                   |                            |                  |   |         |
| -                                       |                          |                    | At                |                  |   | Feet N          | N S E W     | of -               |                                |                   | •                          | or               |   |         |
| Route# Direc                            | etion N                  | Name of Intersect  | ing Roadway/Stree | et               | — [-  |                 |             |                    | Mile                           | Marker            |                            |                  | Exit Number                                 | r       |
|   |                          | Also at Int        | ersection with    |                  | -   | Feet N          | N S E W     | of                 | Route                          | #                 | Intersec                   | ting Roa         | idway/Street                                | _       |
| 7                                       |                          |                    |                   |                  |   | Feet N          | S E W       | of                 |                                |                   |                            |                  | ,   |         |
| Route# Direc                            | tion                     | Name of Inters     | secting Roadway/S | treet            |   |                 |             |                    |                                |                   | La                         | ndmark           |   |         |
| XVehicle1                               | #Occupants               | Hit/Ru             | n Mope            | d Case N         | umber   |                 | 200         | 0000301            |                                |                   |                            |                  |   |         |
| License#                                |                          | St <sup>N</sup>    | MA DOB/Age_       |                  | Reg#4   | 14108           |             |                    | Reg T                          | vpe PA            | S                          | Reg              | State MA                                    |         |
| Sex_M Lic.                              | 18 1                     |                    | 19                | DL               | _   | ar 2013         |             |                    | -                              |                   |                            | -                | 20  | )       |
| Operator WO                             |                          | ERIC               | Enc               | lorsment         |   | (Same as oper   | rator)      |                    |                                |                   |                            |                  |   |         |
| Address 52 H                            | Last<br>AGEN RD          | First              | N                 | Middle           |   | Last            | t           |                    | First                          |                   |                            | Middle           | e   |         |
| City NEWTO                              |                          |                    | state_MA Zip_0    | 2459             |   |                 |             |                    |                                |                   |                            |                  | Zip_  |         |
| ,                                       | pany USAA CA             |                    |                   |                  | City State Zip  Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up to Three) |                 |             |                    |                                |                   |                            |                  |   |         |
|   | Direction: N             |                    | sponding to Emer  | gency? N         | Event S   | Sequence 1 2    | 22 22       | 22                 | <b>22</b> 2                    |                   | 3                          |                  | 4   |         |
|   | ssued)                   |                    | 1 8               | . ,              |   | Iarmful Event   | 1 23        |                    |                                |                   |                            | <u>/</u> ] `     | 10 Underc                                   |         |
| ,                                       |                          |                    | on 2: ChSe        | c                |   | Contributing Co |             | 24                 | 24                             | <b>—</b>          | 9                          |                  | 5 11 Totaled                                |         |
|   |                          |                    | on 4: ChSe        |                  |   | ide/Override    | 25          | Towe               | 8                              |                   | <u>C</u>                   | )                | 6   |         |
| Violation<br>Please                     | fill out for opera       | ator and all occ   | upants involved   |                  |   |                 | 2<br>Sea    |                    | 28<br>Airbag Air<br>Status \$w | 29 3<br>bag Ejec  | 0 31<br>et Trap<br>le Code | 32 Injury Tra    | 33<br>ansp.                                 |         |
| Name (Last Fir                          | st Middle)               |                    |                   | Above            |   | Age/DOB         | Sex Pos     |                    | Status Sw                      |                   | e Code                     | \$tatus Co       | ode Medical Fa                              | cility  |
| орышы                                   |                          |                    |                   | . 100 / 0        |   |                 |             | +                  | 7 7                            |                   | -                          | 10 1             | -   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                |                   |                            |                  |   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                |                   |                            |                  |   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                |                   |                            |                  |   |         |
| Please Select (<br>of the Followi       | IX Vehicle               | 2 <u>1</u> #Occupa | nts Non-Mo        | otorist A Type   | 14  | Action 1        | 5<br>Locati | on                 | Con                            | dition            | 17                         | Ні               | it/Run Mo                                   | oped    |
| License#                                |                          | St_ <sup>N</sup>   | MA DOB/Age        |                  | Reg#1   | LWE98           |             |                    | Reg T                          | ype_PA            | N                          | Reg              | State_MA                                    |         |
| Sex_F_ Lic.                             | Class D 18 1             | Lic. Restriction   | ons 1 19 CD       | DL               | Veh Year 2020 Veh Make LEXUS Veh Config. 2  |                 |             |                    |                                |                   |                            |                  |   |         |
| Operator HA                             | NRAHAN                   | JANINE             |                   | lorsment         | Owner (Same as operator)  |                 |             |                    |                                |                   |                            |                  | _   |         |
| Address 41 EI                           | M ST (apt. D2)           | First              |                   | Middle           | Address   | Last            | t           |                    | First                          |                   |                            | Middle           | e<br>                                       |         |
| City FOXBOR                             | OUGH                     |                    | tate_MA_Zip_0     | 2035             | City  |                 |             |                    |                                |                   | State                      |                  | Zip   |         |
| Insurance Com                           | рапу ТОКІО М             | ARINE AMERI        | CA INS            |                  | Vehicle   | Action Prior to | Crash       | 9 2                | 1                              | Damage            | ed Area                    | Code: (          | Circle Up to T                              | hree)   |
| Vehicle Travel                          | Direction: N             | S E X              | esponding to Emer | rgency?N         | Event S   | Sequence 1 2    | 22 22       | 22                 | 22 6                           |                   | 0                          | )                | 4   |         |
| Citation # (If I                        | ssued)                   |                    |                   |                  | Most H  | Iarmful Event   | 1 23        |                    |                                |                   | 9                          |                  | 10 Underc                                   |         |
| Violatio                                | n 1: ChSe                | ec Violat          | ion 2: ChS        | ec               | Driver  | Contributing Co | ode 9       | 24                 | 24                             | 1                 |                            | <b>\</b>         | ) S II Totaled                              | ,       |
| Violatio                                | n 3: ChSe                | ec Violat          | ion 4: ChS        | ec               | Underri   | ide/Override    | 25          | Towed              | _N 8                           |                   | 7                          |                  | 6   |         |
|   |                          | operator and a     | ll occupants inve |                  |   |                 | 2<br>Sea    | 6 27<br>t Safety   |                                | 29 30<br>bag Ejec | 0 31<br>Trap               | 32<br>Injury Tra | 33<br>ansp.                                 |         |
| Name (Last Fi                           | rst Middle) Non-Motorist |                    |                   | Address<br>Above |   | Age/DOB         | Sex Po      | s. System          | Status Sv                      | vitch Co          | de Code                    |                  | Code Medical F                              | acility |
| эрегинэг                                |                          |                    |                   |                  |   |                 |             | 1                  | 1 1                            |                   | 0                          | 10 1             | -   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                | +                 |                            |                  |   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                |                   |                            |                  |   |         |
|   |                          |                    |                   |                  |   |                 |             |                    |                                |                   |                            |                  |   |         |



Upon arrival I spoke with both motor vehicle operators. Both vehicles were traveling westbound on Beacon St.

MV1 was in front of MV2 but was traveling towards the right side of the lane and MV2 attempted to pass MV1 on
the left hand side as the road widened and turns into two marked lanes approximately 25 feet after past
where the vehicles collided.

The operator of MV1 said that he had his left turn signal on and saw MV2 approaching on the right hnd side.

He attempted to move over switch into the left hand turn lane and struck the front passanger's side of MV2.

The operator of MV2 said that she was passing MV1 as he was in the far right of the lane and did not observe

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 34-Type Description of Damaged Property

Description of Damaged Property

| Truck and Bus Information:                     | Registration #                        | (From Vehic   | le Section)        |                  | 35                |
|--|---------------------------------------|---------------|--------------------|------------------|-------------------|
| Carrier Name                                   |                                       |               |                    | _ Carrier Issuir | ng Authority Code |
| Address  |                                       | City          |                    | St               |                   |
| US DOT #:Sta                                   |                                       | Issuing State | ICC #:             |                  | _ Interstate 36   |
| Cargo Body Type Code 37 Gross V Trailer Reg #: | Vehicle Weight 38  Reg Type Reg State | Reg Year      | Trailer Len        | oth 39           |                   |
| Hazmat Information:                            | _ reg Type reg State                  |               | Transi Esig        | 501              |                   |
| Placard 40 Material 1 digit #                  | 41 Material Name                      |               | Material 4 digit # |                  | Release code 42   |

| CHARLES P GUARINO                  |           | 38802      | NEWTON POLICE DEPARTM |                   | 05/21/2020 |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |

| →                                  | Direction 1       | Vehicle 1 2  | ₹Vehicle 2       | ₽Pedestr         | ian                  |                                     |           |
|------------------------------------|-------------------|--------------|------------------|------------------|----------------------|-------------------------------------|-----------|
| Crash Diagram:                     | ie: 🕕 1           | 2            | →                | Ŷ                |                      |                                     |           |
|                                    |                   |              |                  |                  |                      | ash <u>Did Not</u> (<br>Public Way: | Occur     |
|                                    |                   |              |                  |                  | o                    | off-Street Parking                  | g Lot     |
|                                    |                   |              |                  |                  |                      | Garage                              |           |
|                                    | į                 | į            |                  | į                |                      | Mall/Shopping Ce                    | enter     |
|                                    | - —   — — — —     |              |                  |                  |                      | Other Private Way                   | ,         |
|                                    |                   |              |                  |                  |                      | ate North by A                      |           |
|                                    | - —   — — —       |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  | į                |                      | ( )                                 |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
| Crash Narrative:                   |                   |              |                  |                  |                      |                                     |           |
| a turn signal. As MV2 was          | passing, MV1 tu   | rned into he | r and struch the | ne front         | passanger side       | with the di                         | river's   |
| side of MV1.                       |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
| Witnesses:                         |                   |              |                  |                  |                      |                                     |           |
| Name (Last, First, Middle)         |                   | Address      |                  |                  | Phone #              |                                     | Statement |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
| Property Damage:                   |                   |              |                  |                  | ·                    |                                     |           |
| Owner (Last, First, Middle)        | Address           |              | Phone #          | 34-Type          | Description of Damag | ged Property                        |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
|                                    |                   |              |                  |                  |                      |                                     |           |
| Truck and Bus Information:         | Registration #    |              | (From Vehic      | ele Section)     |                      |                                     | 25        |
| Carrier Name                       |                   |              |                  |                  | Carrier Issu         | ing Authority Cod                   | e 35      |
| Address                            |                   |              | City             |                  | St                   | Zip                                 |           |
| US DOT #:                          | State Number      |              | _ Issuing State  | ICC #:           |                      | _ Interstate                        | 36        |
| Cargo Body Type Code 37 Gros       | ss Vehicle Weight | 38           |                  |                  |                      |                                     |           |
| Trailer Reg #:                     | Reg Type          | Reg State    | Reg Year         | Tra              | ailer Length         |                                     |           |
| Hazmat Information: 40             | 41                |              |                  |                  |                      |                                     | 42        |
| Placard Material 1 digit #         | Material Na       | ame          |                  | Material 4 d     | ligit #              | Release code                        | 72        |
| CHARLES P GUARINO                  |                   | 38802        | NEWTO            | I POLICE DEPARTN |                      | 05/21/20                            | )20       |
| Police Officer Name (Please Print) | Signature         |              |                  | artment          | Precinct/Barra       |                                     |           |