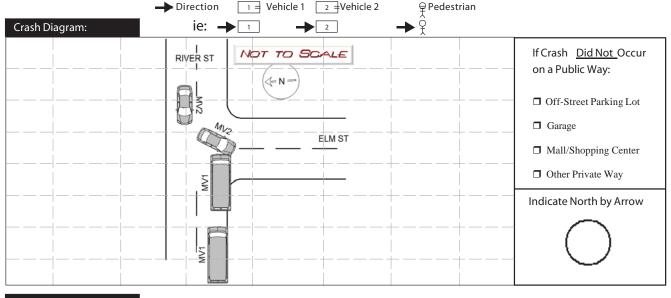
	Poli	ce Use Only		Commonwea	alth o	of Mass	achı	ısett	S		RM	V Docu	ment Numbe	er	
	Date of Crash 05/26/2020	Time of Crash 12:18	City/Tov NEWTON	wn Motor	Veh	icle Cra	ısh	Numbe Vehicle			eed Lim		State Police Local Police MBTA Poli	e <b>X</b>	
	03/20/2020	24HR	NEWTON			Report		2	0		ngitude_		Other:	ice 🔲	
		AT INTER	RSECTION:	< ]	LOCA	TION	>		N	OT A	[ INT	ERSE	CTION:		2
	SOU	TH ELM ST	Γ												2
<b>1</b>	Route# Direc	tion		Roadway/Street		Route# Directi	on Ac	ldress #		N	lame of I	Roadway	//Street		<b>2</b> 10
	At EAST RIVER ST				Feet NSEW of or										
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number								er		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								_ 11	
2 <b>1</b>	Don't Division - New Charactic Designation					Feet NSEW of									3
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	XVehicle1 1 #Occupants     ☐ Hit/Run     ☐ Moped     Case N					20	00000030	7						
	License#		St_MA		Reg#	8425104			Reg	Type_P	AS	Reg	State_MA		
	Sex_M Lic. 0	Class D 18 18	Lic. Restriction		Veh Year UNKN Veh Make USPS Veh Config. 20										
4	Operator LEU	ING	BRANDON	Endorsment	Owner USPS  Last First Middle							[	<b>1</b> <sup>12</sup>		
1	Address 29 BE	NNET ST	FIRST	Middle	Addre	Address 525 WALTHAM ST						Middle			
	City BRIGHT	ON	Sta	te_MA _ Zip _02135	City NEWTON State MA Zip 02465										
	Insurance Company SELF INSURED					Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								Three)	
5	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event Sequence 1 22 22 22 2 3 4										
	Citation # (If Is	ssued)			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled										
	Violation	1: ChSec	Violation	2: ChSec											
<sup>6</sup> <b>1</b>	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Tow	ed N	<b>0</b>	7		6		
		Please fill out for operator and all occupants involved						26 27 Seat Safety	28 Airbag	29 Airbag Eje	30 31 ect Trap	32 Injury Tr	33 ransp.		13 1
	Operator	st Middle)		Address See Above		Age/DOB	Sex 1	Pos. \$ystei	n Status 5	99 0	de Code	\$tatus   C	Code Medical Fa	acility	
7															
3	Please Select C of the Followii		2 <u>1</u> #Occupant	Non-Motorist A Typ	pe	Action	Loca	ation	16 Co	ndition	17	Пн	lit/Run M	loped	
	License#	200				Reg # 2CBC71 Reg Type PAS R					Res	g State_MA			
	Sex F   Lic. Class   D   18   18   Lic. Restrictions   1   CDL				TOVOTA						20	0			
8 <b>1</b>	Operator POIRER-DESIMONE BARBARA  Endorsment				Owner (Same as operator)										
1	Last First Middle Address 20 BOLTON ST					Last First Middle Address									
	City WALTH	City State Zip  Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)													
	Insurance Com									Three)					
	Vehicle Travel Direction: N ★ E W Responding to Emergency?N					Event Sequence 1 22 22 22 2 2 Q 4									
	Citation # (If Is	Most Harmful Event 1 23								~					
	Violation	Driver Contributing Code 6 24 24 1 5 11 Totaled							1						
			Underride/Override  25 Towed Y  8 7 6												
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					26   27   28   29   30   31   32				33 ransp.					
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status	Switch C	ode Code	Status	Code Medical I	Facility	
	Operator/	TSTTOTOTOTIST		See Adove				1	4	99 0	0	10 1	L		
							+			+					
				<del></del>											



## Crash Narrative:

OPERATOR OF MV 1 WHICH IS A USPS MAIL TRUCK STATED HE HAD JUST DROPPED OFF A PACKAGE AT A HOUSE ON RIVER ST

AND HAD CONTINUED STRAIGHT TRAVELING EAST ON RIVER STREET WHEN MV 2 (WHO WAS TRAVELING IN THE OPPOSITE

DIRECTION) TURNED LEFT FROM RIVER ST ONTO ELM ST CUTTING DIRECTLY IN FRONT OF HIM. HE STATED THAT DUE TO

THE SUDDEN TURN HE WAS UNABLE TO STOP IN TIME AND HIS FRONT BUMPER COLLIDED WITH HER PASSENGER SIDE. MV 1

SUSTAINED MINOR DAMAGE AN D NO INJURIES REPORTED. OPERATOR OF MV 1 ALSO STATED HE HAD SLOWED DOWN DUE TO A

PEDESTRIAN WHO WAS CROSSING THE STREET ON ELM ST.

OPERATOR OF MV 2 STATED THAT SHE WAS TRAVELING ON RIVER STREET AND TURNED LEFT TRYING TO GO SOUTH ON ELM ST
AND MV 1 CAME OUT OF NOWHERE AND STRUCK HER PASSENGER SIDE. OPERATOR OF MV2 STATED SHE BELIEVED MV 1 WAS

SPEEDING. MODERATE DAMAGE SUSTAINED TO THE PASSENGER SIDE, THE VEHICLE WAS TOWED BY AAA AND NO INJURIES

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)	Address		Phone :	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:			(From Vehic	,	Carrier Issu	uing Authority Cod	35 le
Address			City		St	Zip	
US DOT #:			Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gross Trailer Reg #:	s Vehicle Weight	38 Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42

	→ Direction	1 = Vehicle 1	≥ =Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1 -	2 -	<b>₽</b>		
					If Crash <u>Did N</u> on a Public Wa	
					Off-Street Pa	rking Lot
					☐ Garage	
		_		+		ng Center
		_			Other Private	
		 -		+	Indicate North	
					Indicate North	by Allow
						)
		-i			·	/
Crash Narrative:						
REPORTED. I ADVISED THE	OPERATOR OF MV	2 THAT SHE NE	EDED TO BE S	URE TRAFF	IC WAS CLEAR BEFORE TUR	NING LEFT.
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Marie (Last, First, Midule)		Address			FIIOTIE#	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	•
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		
Carrier Name	Registration "		(11011 vei	,	Carrier Issuing Authority	Code 35
Address_			City		St Zip_	
US DOT #:			•		•	36
37	Gross Vehicle Weight	38				
Trailer Reg #:		Pag State	Pag Vaar	Tro	ailer Length	
Hazmat Information:	Keg Type	reg state	Keg i edf	112	and Edigii	
Placard 40 Material 1 dig	it # 41 Material	Name		_ Material 4 d	ligit # Release coo	de 42
MATTHEW W COLELLA			NEWI	ON POLICE DEPARTM	05	/26/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)