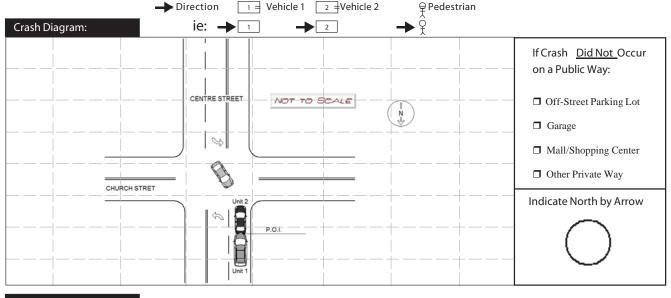
	Poli	ce Use Only		Comn	nonweal	lth o	of Mass	acl	huse	etts			RM	V Doo	cumen	nt Number		
	Date of Crash 07/15/2020	Time of Crash 15:59	City/I NEWTON	own	Motor	Veh	icle Cra	ash	Nu Ve	mber hicles	Num		eed Lim		SL	tate Police ocal Police IBTA Police	<u> </u>	
	07/15/2020	15:59 24HR	NEWTON		Pol	ice I	Report		2		0		ongitude			ABTA Police other:		
		AT INTER	SECTION:		< L	OCAT	TION	>			NO	T A	ΓΙΝΤ	ERS	ECT	ION:		
	SOU	TH CENTR	E ST														-	
1 1	Route# Direc	tion	Name o	of Roadway/Street	t		Route# Direct	ion	Addres	s #		N	Name of	Roadw	ay/Stro	eet		
	WES	T CHURC	CH STREET			-	Feet	N S	EW	of –		 e Marke	• —	or		xit Number	-	
	Route# Direc	tion N		ing Roadway/Stre	eet		Foot	N C	EW	of	IVIII	e Marke	T		Е	XII Number	-	
			Also at Into	ersection with		- [-					Rout	ie#	Interse	cting R	Coadwa	ıy/Street	-  -	
2 1	Route# Direct	tion	Name of Inters	ecting Roadway/S	Street	l-	Feet	NS	EW	of								
3	Touten Breeden Talke of Interseeting Roadway/Street					Landmark									$\dashv$			
	X Vehicle1	5_#Occupants	Hit/Ru	Море	ed Case N	Number			20000	00381								
	License#		St_N			Reg#_1	IEXK78				_Reg′	Гуре_Р	AN	R	eg Stat		_	
	Sex_M Lic. 0	Class D 18 18	8 Lic. Restriction		DL	Veh Ye	ear_2008		Veh Ma	ke_TO	YOTA	١		_Veh	Config	g. 20		
4_	Operator SIL	VA Last	FRANCISC	O En	dorsment	Owner	(Same as op	erator	:)		P				ddle		-	
3	Address 15 IR	ENE AVE	First		Middle		s							Mi	adie		₋├	
	City WEBSTE		S	tate_MA_Zip_0	01570	City							State	e	_Zip			
	Insurance Com	pany GOVT EM				Vehicle	Action Prior	to Cra	ısh	1 21		Dama	ged Area	Code	: (Circ	ele Up to Thre	ee)	
5	Vehicle Travel	Direction: N	<b>X</b> E W Re	sponding to Eme	rgency? N	Event S	Sequence 1	22	22	22	22	Ð	3		4			
2		ssued)					Iarmful Event	_	23					$\mathcal{A}$		10 Undercarr	riage	
	,	1: ChSec		n 2: Ch Se	ec		Contributing (		5 2	24	24	ע 🛨	'     9	4	5	11 Totaled		
<sup>6</sup> 1							ide/Override		25	 Towed	Y (	<b>1</b>	7		6			
_		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Age/DOB Sex Pos. \$ystem Status \$witch						30 31 32 33 Eject Trap Injury Transp. Code Code \$tatus Code Medical Facili				
	Name (Last Fire	st Middle)	1		Above		Age/DOB	Sex	Pos.	1 1					Code	Medical Facili	ity	
	1		1	5 IRENE AVE	Above			F				4 0		10	1		_	
	COSTA, ELLE	N		VEBSTER, MA 01	1570			F	4	1	4	4 0	0	10	1			
	COSTA, FRAN	NCES		5 IRENE AVE VEBSTER, MA 01	1570			F	3	1	4	4 0	0	10	1			
	COSTA, GABI	RIELLA		IRENE AVE VEBSTER, MA 01	1570			F	5	4	4	4 0	0	10	1			
<sup>7</sup> <b>2</b>	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupa	nts Non-M	otorist A Type	e 1	4 Action	15 I	ocation	1	6 Co	ndition	17		Hit/Ru	un Mop	ed	
	License#		St_ <sup>N</sup>	IA DOB/Age		Reg # 919TL9					Reg Type_PAN I					leg State_MA		
	Sex_F_ Lic. 0	Class D 18 18	Lic. Restriction		DL	Veh Year 2011 Veh Make BM						20						
8	Operator DA	VIS	ARIEL		dorsment	Owner LAMBERT BRONTE									_			
1	Address XX P	Last	First		Middle	Addres	S XX POST O	ast <b>PFIC</b>	E BOX	301919	First			Mi	ddle			
	City JAMAICA PLAIN State MA Zip 02130  Insurance Company USAA				02130	City JAMAICA PLAIN						State MA Zip 02130						
						Vehicle	Action Prior	to Cra	ısh	1 21	]	Dama	ged Area	Code	: (Circ	ele Up to Thre	ee)	
	Vehicle Travel Direction: N X E W Responding to Emergency?N						Sequence 1	22	22	22	22	2	3		<b>(4)</b>			
	Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec					Iarmful Event	1	23					A		10 Undercarr	riage		
					Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 7													
	Violation 1: ChSecViolation 2: ChSec  Violation 3: ChSecViolation 4: ChSec																	
		ease fill out for							26 Seat			29 irbag Ej	30 31 ect Trap	32 Injury	33 Transp.		$\dashv$	
	Name (Last Fi	rst Middle) Non-Motorist			Address Above		Age/DOB	Sex		System	Status S	Switch C	Code Code	Status	Code	Medical Faci	lity	
	Operator/	1 NOII-IVIOIOFISI		See	AUUVE			+		1	4 4	4 0	0	10	1		$\dashv$	
									-	$\square$		$\perp$					$\blacksquare$	

Date of Crash	Time of Crash	h City/T	Commo	nweaun Iotor V				ımber	Numb	er Spe	RM ed Lim			tate Police
07/15/2020	15:59	NEWTON	11/1		Repo		Ve Ve	hicles	Injure 0	d Lat	itude _ ngitude			tate Police ocal Police IBTA Police other:
	AT INTE	RSECTION:	<		CATION	7 t >					INT			
Route# Dire	ction	Name o	f Roadway/Street		Route#	Direction	Addres	ss #		N	ame of I	Roadw	ay/Str	eet
			At			Feet N S	SEW	of -			•	or		
Route# Dire	ection	Name of Intersecti	ng Roadway/Street		-				Mile	Marker			Е	xit Number
		Also at Inte	rsection with			Feet N S	S E W	of	Route	# —	Intersec	cting R	loadwa	y/Street
Route# Dire	ction	Name of Inters	ecting Roadway/Stree	at .	_	Feet N S	S E W	of						
1		T_	<del></del>	1							La	ndmar	k	
X Vehicle	5_#Occupant	s Hit/Run	Moped	Case Num	er		20000	00381						
License#	18	St	DOB/Age	Re	g # 1EXK78				_Reg T	ype_PA	N	R	eg Stat	te MA 20
Sex_M_ Lic	Class	Lic. Restrictio	ns B CDL_		h Year_2008		_ Veh Ma	ake_TC	YOTA			_Veh	Config	g. 20
Operator SI	Last	FRANCISCO	) Middle		ner	Last			First			Mie	ddle	
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City WEBST			ate MA Zip 0157		,				_					la Un ta Thua
1	npany GOVT E				hicle Action	22	rash 22	1 21		Damag <b>)</b>	ea Area २	Code	: (Circ 4	le Up to Three
]	el Direction: N		ponding to Emergen	-	ent Sequence		23						<u> </u>	10 Undercarria
,	Issued)		1 2: ChSec		st Harmful I			24	0	-	9		5	11 Totaled
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		rator and all occi			demue/Over	.ide	_		28 Airbag Ai	29 3	0 31	32 Injury	33 Transp.	
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		W	EBSTER, MA 01570									10		
							+							
Please Select	One		1_		14	15		1	16		17			
of the Follow	Vehic	le# Occupai	nts Non-Motor	rist A Type	Action		Location		Con	dition	1,		Hit/Ru	un Mope
License#		St		Re	g#				_Reg T	ype		R	eg Stat	te
Sex Lic	Class 18	Lic. Restrictio	ns CDL _ Endors		h Year		_ Veh Ma	ake				_Veh	Config	
Operator	Last	First	Middl	Ow le	ner	Last			First			Mie	ddle	
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City		S	ateZip	Cit	у						State			
Insurance Co														
	l Direction:		sponding to Emergen		ent Sequence		22		22		$\bigcap$			10 Undercarria
	Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 5 11 Totaled								
			Driver Contributing Code  Underride/Override  Towed  Towed  Towed											
			on 4: ChSec_ l occupants involve		uemae/Over	ide			28 Airbag Ai	29 3	0 31 ct Trap	32 Injury	33 Transn	
Name (Last	First Middle)		Addı	ress	Age		Seat Pos.	System	Airbag Ai Status S	vitch Co	ct Frap de Code	Injury Status	Transp. Code	Medical Facilit
Operato	/Non-Motorist		See Abo	ove										



## Crash Narrative:

On 07/15/2020, while assigned to N494, I, Officer Conary, responded to the intersection of Centre Street at

Church Street for a motor vehicle accident. Upon arrival, I spoke with Operator of MV1 who stated that he was

driving Southbound on Centre Street when the car in front of him stopped suddenly at the green signal. At

this time, MV1 hit MV2 rear. Operator of MV1 said that he believes she was distracted with a hand held

Operator of MV2 explained to me that she at the intersection of Centre Street and Church Street traveling

Southbound. She got the green signal and she let the car traveling Northbound take a left turn onto Church

Street before she continued through the intersection. At this time, MV2 was hit by MV1 from the rear. She

stated she was not using her phone. It should be noted that the signal traveling Northbound on Centre is a

(Continued o	n next page)					
W itnesses:						
Name (Last, First, Middle)		Address		Phone	e # Statement	
Property Damage:	_	•	_			
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Description of Dam	naged Property
			-	·		
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		
Truck and Bus Information:  Carrier Name				cle Section)	Carrier Is	ssuing Authority Code 35
						ssuing Authority Code
Carrier Name			City		St	ssuing Authority Code Zip
Carrier NameAddressUS DOT #:	State Number		City		St	Zip Interstate 36
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate 36
Carrier Name  Address US DOT #:  Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_	St	Zip Interstate 36
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	Stailer Length	Zip Interstate 36

KRISTINA CONARY NEWTON POLICE DEPARTA 07/15/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

_	Direction 1	■ Vehicle 1   2	=Vehicle 2	₽Pedestriar	1	
Crash Diagram:	ie: 🕕 🛚	2		₽Ŷ		
					If Crash <u>Did Not</u> Occu on a Public Way:	r
					Off-Street Parking Lot	
					☐ Garage	
		+ 			☐ Mall/Shopping Center	
					Other Private Way	
					Indicate North by Arrow	′
Crash Narrative:						
green left signal to turn	onto Church Str	reet. After t	he green arro	ow, cars yie	ld to oncoming traffic to tu	ırn.
Fire and Medics arrived or	scene and all	parties invo	lved signed p	patient refu	sals. MV1 was towed by AAA.	MV1
had minor damage to the fi	ront bumper. MV2	2 was able to	be driven f	rom scene wi	th minor damage to the rear	
bumper. No further incides	nt to report.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone # Stat	ement
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	33
Address			City		St Zip	_
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate 36	
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:	41					ถ
Placard 40 Material 1 digit	# Material N	ame		Material 4 digi	it # Release code 42	
KRISTINA CONARY			NEU	VTON POLICE DEPARTM	07/15/2020	
Police Officer Name (Please Print)	Signature	· · · · · · · · · · · · · · · · · · ·		epartment	Precinct/Barracks Date	