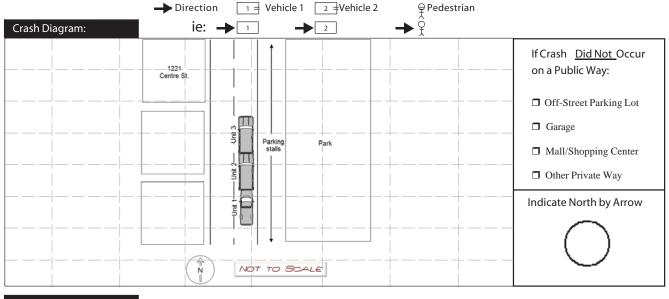
	Poli	ice Use Only		Common	wealth	of Mass	ach	use	etts			R	MV Do	cumei	nt Number	
	Date of Crash 07/23/2020	Time of Crash 16:50 24HR	City/To NEWTON	wn M		ehicle Cra Report	ash		mber	Num Inju	red L	peed L atitude			State Police Local Police MBTA Police Other:	N N U
			SECTION:	<		CATION	>								TION:	$\neg$
						NORT	н 12	221		CEN'	FRE S	т				╗
l 97	Route# Direct	tion		Roadway/Street At		Route# Direct	ion A	ddress	s #			Name o	of Roady		reet	_
				g Roadway/Street		Feet [	N S E	<b>W</b> 0	of —	Mil	e Mark	er	or	1	Exit Number	- [
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$\dashv$						Feet	N S E	<b>W</b> o	of	Rou	te#	Inter	secting I	Roadw	ay/Street	
	Route# Direct	tion	Name of Interse	cting Roadway/Street		-			-				Landma	rk		
	XVehicle1	#Occupants	Hit/Run	Moped	Case Num	ber	2	200000	00403							$\Box$
	License#		St	DOB/Age	Re	g # 376Y90				Reg	Type_I	PAN	F	Reg Sta	nte_MA	
	Sex Lic. 0	Class 18 18		S CDL _	Ve	h Year_2014				_				-	20	
$\neg$		Last	_	Endorsm	nent	ner ORATOVSI	CΥ		ICTOR	RIA						ŀ
				Middle		dress 10 (apt. 5312	ist	ER ST	,	First			М	iddle		-  -
				nteZip		y FOXBORO						St	ate_MA	Zin	02035	
	Insurance Com			r		hicle Action Prior	to Crash		21 1	_				_	cle Up to Thre	ee)
		. ,	S E W Resr	onding to Emergency		ent Sequence 1				22	2		3	4		
		ssued)		ending to Emergene,		ost Harmful Event	1 2	3				$\Lambda$	$\perp \wedge$		10 Undercarr	riage
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_			ator and all occu			Underride/Override								$\dashv$		
	Name (Last Fire			Addres See Abov		Age/DOB	Sex		System S	irbag P Status \$	witch C	Code Co	de Status	Code	Medical Facili	ity
	Operator			See Aud	···											_
	Please Select C of the Followi		2 <u>1</u> #Occupan	Non-Motoris	st A Type	14 Action	15 Loc	cation	10	6 Co	ndition	n 1	17	Hit/R	un Mop	ed
	License#		St	DOB/Age	Re	g#1GWR81				Reg	Type_I	PAN	F	Reg Sta	nte_MA	_ ]
	Sex Lic. 0	Class 18 18	Lic. Restriction			h Year_2019	Ve	eh Mal	ke_TO	YOT	Α		Veh	Confi	g. 20	
	Operator	Last	First	Endorsm	ent Ov	ner QUINTANA	BARA	K( PA	AULA	First				iddle		_
	Address	Last	rirst	Middle	Ac	dress 178 (apt. 1)	NEWTC	N ST		rirst			M	iddle		_
	CityStateZip  Insurance Company PROGRESSIVE  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)					City WALTHAM State MA Zip 02453								_		
						Vehicle Action Prior to Crash  1 21 Damaged Area Code: (Circle Up to Three)									ee)	
						ent Sequence 1	22 1 2			22	2		3	4		
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				n 4: ChSec		derride/Override		-	owed_	N	8		7	6		
[	Ple	ease fill out for		occupants involved	d			26 Seat			29 irbag I	30 Eject Tra	31 32 p Injury	33 Transp	o.	$\dashv$
ŀ	Name (Last Fi	rst Middle) Non-Motorist		Addre See Abov		Age/DOB	Sex	Pos.	System	Status	Switch	Code Co	ode Statu	S Code		lity
ŀ	*		18	WEBBER RD			-			_	_	,				
ŀ	QUINTANA, V	VILMA	BE	LMONT, MA			F	3	1 4	Ł	3 (	0	10	1	-	

	ice Use Only		Commonwea			_							t Number	
Date of Crash 07/23/2020	Time of Crash 16:50	City/To NEWTON	MIOTOI		icle Cra	sh	Number Vehicle			tude _			tate Police ocal Police IBTA Police	X
	24HR	<u> </u>			Report		3	0		gitude		0	ther:	_
	AT INTER	RSECTION:	< I	LOCAT	TON	>		N	OT AT	INT	ERS	ECT:	ION:	_
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			A	-	Feet []	N S E	W of		le Marker	_	or	T.	xit Number	_
Route# Direc	ction 1		ng Roadway/Street	-	Feet 1	N S E	w of	IVI	ile iviai kei			E.	XII Number	-
		Also at Inte	rsection with		_	N S E	_	Ro	ute#	Intersec	ting R	loadwa	y/Street	-
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<b>V</b>	2 40		Dyna							La	naman	K		$\neg$
Venicies	3_#Occupants		- Case I	Number		20	0000040	3						_
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Sex_F_ Lic.	Class D	Lic. Restrictio	ns CDL Endorsment		ar_2016		Make_N	IAZD	A		_Veh	Config	2	
	Last		Middle	Owner	(Same as ope	rator)		Firs	t		Mic	ddle		-
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City NEWTO			ate_MA Zip_02458	-								-		
1	npany COMMER				Action Prior to	Crash	1	21	Damage 2	a Area	Code	: (Circ)	le Up to Thr	ee)
	l Direction:		ponding to Emergency? N		Sequence 1	23		22		$\bigcap$			10 Undercarr	riage
	Issued)				armful Event	1	24	24	1	9			11 Totaled	.ugc
			1 2: ChSec		Contributing Co	ode <b>1</b>			8	7	<u> </u>	$\mathcal{I}_{6}$		
		ator and all occu	n 4: ChSec	Underri	de/Override			ed N	29 30	) 31	32	33		_
Name (Last Fir	rst Middle)	ator and an occi	Address		Age/DOB	Sex P	eat Safety os. Syster	Airbag Status	29 30 Airbag Eject Switch Code	Trap Code	32 Injury Status	Transp. Code	Medical Facil	ity
Operator		12	See Above ACADEMY RD				1	4	3 0	0	10	1		_
DALTON, RE	ID	N	EWTON, MA			M 4	1	4	3 1	0	10	1		
DALTON, HA	AILEY		ACDEMY ROAD EWTON, MA 02458			F 6	0	4	3 0	0	10	1		
	0			14	1 1	15		16		17				
Please Select ( of the Followi	\/ohicle	e# Occupar	ts Non-Motorist A Typ	e 14	Action	Loca	tion	16 C	ondition	17		Hit/Ru	ın Mop	ed
License#		St		Reg#_				Reg	туре		R	eg Stat	e	_
Sex Lic.	Class 18 1	Lic. Restrictio	ns CDL Endorsment	Veh Ye	ar	Veh	Make_				_Veh	Config		
Operator	Last	First	Middle	Owner	Las	it		Firs	t		Mic	ddle		-
Address				Address	s									-
City		Si	ateZip	City State Zip								_		
Insurance Con	npany										ee)			
Vehicle Travel	Vehicle Travel Direction: NSEW Responding to Emergency?  Citation # (If Issued)											riage		
					Most Harmful Event 23 10 Undercarriage 5 11 Totaled								uge	
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Name (Last F		operator and al	l occupants involved  Address		Age/DOB		26 27 eat Safety Pos. Syste	Airbag m Status	29 30 Airbag Eject Switch Coo	31 Trap le Code		Transp.	Medical Faci	lity
Operator	/Non-Motorist		See Above					_						
								+		+				_



## Crash Narrative:

At approximately 1650HRs on Thursday, July 23, 2020, I was dispatched to the area of 1221 Centre St. for a report of a three car motor vehicle crash. Upon speaking with the operator of MV 1 (MA Pass:376Y90), he stated he was traveling NB on Centre St. during a heavy downpour and in stop-and-go traffic conditions. He stated due to the impaired visibility caused by the weather, he was unable to see MV2. When he was able to see how close they were, he applied his breaks, but MV1 continued forward on the wet pavement and made contact with the rear of MV2.

Upon Speaking with the operator of MV2 (MA Pass:1GWR81), she stated she was traveling NB on Centre St., when the rear of her vehicle was contacted by MV1. This caused her vehicle to continue forward on the wet pavement, despite appliying her brakes, and make contact with the rear of MV3.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descri	ption of Damag	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information:			(From Vehic	le Section)		Carrier Issu	ning Authority Coc	35 le
								le
Carrier Name			City			St	Zip	le
Carrier Name Address US DOT #: 37	State Number		City			St	Zip	le
Carrier Name Address US DOT #: 37	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	ailer Le	St	Zip Interstate	le

→	► Direction 1	Yehicle 1 2	₹Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚 1	2	→	Ř			
	 	   <u> </u>	<u> </u> 	- <u> </u>  -	I	f Crash <u>Did Not</u> C on a Public Way:	Occur
						Off-Street Parking	Lot
						Garage	
						■ Mall/Shopping Ce	enter
						Other Private Way	,
			+-	+	Ir	dicate North by A	rrow
						$\bigcirc$	
Crash Narrative:							
Upon speaking with the open St., when the rear of her v							the road
to wait for police assistar		ireacted by MV	z. Everyone in	voived c	men puried to	- The stae of t	
Upon my arrival, I noted th		as wet, due t	o a heavy down	pour whi	ch had just	occurred. I als	so noted
that there was a decent amo		·		-			
and would likely be exacerb	pated by the po	oor weather c	onditions. All	parties	involved re	ported that the	ey were
not injured and I assisted	them in gather	ring each oth	ers pertinent	informat	ion, so they	could begin th	ne
process with their respecti	ive insurance o	companies.					
I noted the following damage	ge: MV 1 susta	ained minor d	amage to its f	ront bum	per on the p	passenger's sid	de, by
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phoi	ne#	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:  Carrier Name	Registration #			, and the second	Comion	Issuing Authority Code	35
						S ,	
Address			City				36
US DOT #:		38	Issuing State	1CC#:_		Interstate	
	s Vehicle Weight					39	
Trailer Reg #:  Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	niler Length		
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 d	ligit #	Release code	42
CHRISTOPHER G HOWES		38804	NEWTO!	N POLICE DEPARTM		07/23/20	)20

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)

_	Direction	1 = Vehicle 1 2	2_≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →_	1 -	2 <b>→</b>	<b>₽</b>			
					on on	rash <u>Did Not</u> Occur a Public Way: Off-Street Parking Lot	r
		-				Garage	
						Mall/Shopping Center	
						Other Private Way	
					Indi	cate North by Arrow	
	-					$\bigcirc$	
Crash Narrative:							
and including its tow hook	. MV 2 sustair	ned minor dama	age to its lif	t gate on	the driver's	side and below i	ts
rear reflector on the same	side. Additio	onally, MV2 su	stained minor	damage t	o its front bu	mper on the lowe	r
driver's side and the bump	er cover acces	ss panel on th	ne same side. 1	MV 3 sust	ained minor dar	mage to its lift	
gate on the passenger's si	de and to its	rear bumper,	just to the le	eft and u	p from its tow	hitch.	
Witnesses:							
Name (Last, First, Middle)		Address			Phone i	# State	ement
Property Damage:	T		DI #	24.7	5		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:							
Carrier Name	_		(From Vel	nicle Section)	Carrier Issu	uing Authority Code	35
Address			City		St		_
US DOT #:	State Number		Issuing State	ICC #:_		Interstate 36	
Cargo Body Type Code 37 Gro.	ss Vehicle Weight	38					
Trailer Reg #:		Pag State	Pag Voor	т	39 ailer Length		
Hazmat Information:	reg rype	Neg siale	reg i ear_	113	and Length		
40	41	Mama		Motori-1 4	digit #	Palanca anda 42	1
Placard Material 1 digit #	Material	valle		_ iviaterial 4 (	git #	_ Release code	
CHRISTOPHER G HOWES		38804	1 NEWI	ON POLICE DEPART?	1	07/23/2020	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)