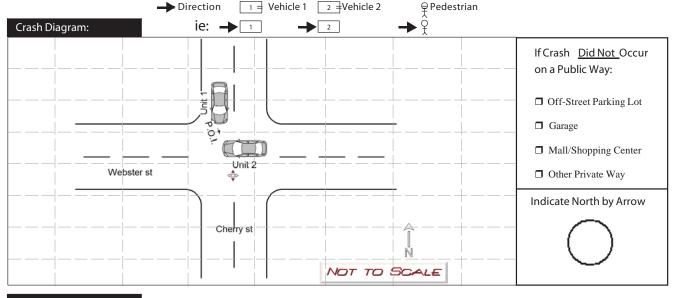
	Poli	ice Use Only		Comn	nonwea	lth o	of Mass	ach	use	etts			RMV	V Docu	ımen	t Number	
	Date of Crash 08/08/2020	Time of Crash 06:13	City/ NEWTON	Гоwп	Motor	Veh	icle Cra	ısh		mber	Numbe		ed Limi tude		St Lo	tate Police ocal Police IBTA Police	<u> </u>
	06/06/2020	06:13 24HR	NEWTON		Pol	ice I	Report		2		1		gitude_			IBTA Police ther:	
		AT INTER	RSECTION	•	< I	LOCA T	ΓΙΟΝ	>			NO	ГΑТ	INTI	ERSE	ECT	ION:	寸
	SOU	TH CHERR	Y ST														
1 1	SOUTH   CHERRY ST						Route# Direction Address # Name of Roadway/Street									eet	_
	WEST WEBSTER ST					Feet NSEW of or Exit Number										-	
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										-	
	Also at Intersection with					Route# Intersecting Roadway/Street										-  -	
2 <b>1</b>	Route# Direc	tion	Name of Inter	secting Roadway/	/Street	Feet [N   S   E   W ] of											
3				<del></del>		Landmark											$\neg$
	XVehicle1	2_#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	200000	00433							
	License#		St _	MA DOB/Age		Reg#	1XKP51				Reg Ty	pe_PAI	N	Re	g Stat	e_MA	_
	Sex M Lic.	Sex_M   Lic. Class   D					Reg # 1XKP51         Reg Type PAN         Reg State MA           Veh Year 2019         Veh Make SUBARU         Veh Config.         1										
4		O Last	_		ndorsment								TI	ΗI			_
3	Address 102 T	Last AYLOR ST (apt.	First . 2)		Middle	Owner         TRAN         JENNY         THI           Last         First         Middle           Address         143 CRESTVIEW LN											- L
				State MA 7:-	02453												-
	City WALTHAM State MA Zip 02453									21					-		ee)
Insurance Company STANDARD FIRE  Valida Tarval Direction   N   N   Percenting to Engage 2 N						Vehicle Action Prior to Crash  The second reprint to Crash and Damaged Area Code: (Circle Up to Three)  The second reprint to Crash and Damaged Area Code: (Circle Up to Three)  The second reprint to Crash and Damaged Area Code: (Circle Up to Three)											
1	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$						Event Sequence 1 22 22 22 22 22 22 22 20 3 4 10 Undercarriage										
	Citation # (If I	ssued)				Most F	Harmful Event	1		4	0	<b>←</b>	9			11 Totaled	lage
6	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver Contributing Code 3											
<sup>6</sup> <b>1</b>	Violation 3: ChSec Violation 4: ChSec						Underride/Override Towed <u>Y</u>										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								ity			
	Operator			See	e Above						1 99		0		1		
	TRAN, JENNY, THI 143 CRESTVIEW LN FITCHBURG, MA 01420							F	3	1 4	1 99	0	0	10	1		
				TITCIIDORG, WIF	1 01420												
<sup>7</sup> <b>2</b>	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occup	ants Non-M	Motorist A Type	e 1	4 Action	15 Lo	cation	1	6 Conc	lition	17	o,	Hit/Ru	ın Mop	ed
	License #St MA_ DOB/A				ge Reg#443LP3			Reg Type_PAN								_	
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL												20				
8_	Operator ROLAND MARIE A Endorsment					Owner (Same as operator)											
2	Address 36 RIVER ST (apt. 117)  Last First Middle  Address 36 RIVER ST (apt. 117)					Last First Middle Address										_	
	City WALTHAM State MA Zip 02453															-	
	Insurance Company PROGRESSIVE DIRECT					Damaged Area Code: (Circle IIn to Three)										- ee)	
						venicie Action Prior to Clash 1											
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	Violatio	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1										
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y											
	Pl Name (Last Fi		operator and	all occupants in	volved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 2 irbag Airb Status Sw	9 30 Eject itch Cod	Trap Code	32 Injury T Status	ransp. Code	Medical Faci	lity
		Non-Motorist		See	e Above					1			0		2	NEWTON WELLES	
								1									



## Crash Narrative:

On Saturday, August 8th 2020, at approximately 6:13am, I, Officer Brooks, responded to a 2 car MVA at the intersection of Cherry street and Webster street. Upon arrival I spoke with the operator of MV1 (MA REG 1XKP51), who stated he was traveling southbound on Cherry streeet, and failed to stop for the red light at the intersection of Webster street. The front end of his vehicle struck MV2 (MA REG 443LP3) on the passenger side front end. MV1 had damage to the front end and was towed by Tody's.

I spoke with the operator of MV2 who stated she was traveling westbound on Webster street and had the green light. As she proceeded through the intersection she was struck by MV1. MV2 had heavy damage to the front passenger side, and had airbag deployment. The operator complained of chest pain and was transported to Newton Wellesley hospital. Her vehicle was towed by Tody's.

(Continued on next page)

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Witnesses:										
Name (Last, First, Middle)		Address		Phone #	Phone #					
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Damag	scription of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section)										
Carrier Name					Carrier Issu	ing Authority Cod	e 35			
Address		(	City St Zip							
US DOT #:	State Number		_ Issuing State		_ Interstate	36				
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai						
Hazmat Information:										
Placard 40 Material 1 digit # 41 Material Name Material 4 digit #						Release code	42			

	Direction	1 = Vehicle 1 2	+Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →	1 - 2	□ →	₽Ŷ			
Crash Diagram:	ie: →					If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Tow inventory forms were	filed						
TOW INVENCENT TOTALS WETE	TITEG.						
Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
rame (zasty msty madie)		7.00.035					Statement
Property Damage:							
	A -1 -1		Discuss #	24 T	December		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descriptio	n of Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)			35
Carrier Name						Carrier Issuing Authority Code	e
Address			City			St Zip	
LIC DOT #.	Cara Normalian		Innaire Chate	ICC#		Internet	36
US DOT #:		38	issuing State	ICC #:_		interstate	
Cargo Body Type Code G	ross Vehicle Weight	30					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:					. 6		
40	41						42
Placard Material 1 dig	t # Material N	Name		_ Material 4	digit #	Release code	
							_
JOSEPH J BROOKS		38339	) NEWT	ON POLICE DEPART?		08/08/20	120

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)