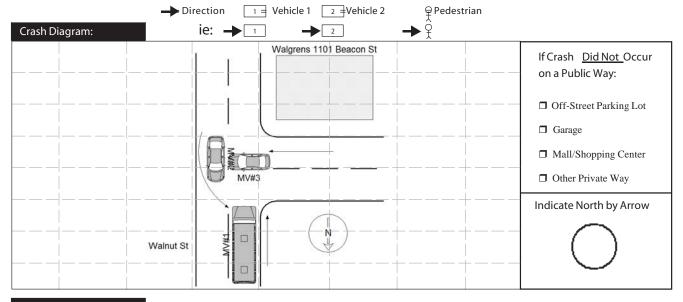
	Polic	ce Use Only		Commo	nwealt	h o	f Massa	ach	use	tts			RM	V Doc		ıt Number	
	Oate of Crash 09/10/2020	Time of Crash 09:43	City/I NEWTON	own N	Iotor V	ehi	cle Cra	sh		nber icles	Numl		ed Lim		- S1	tate Police ocal Police IBTA Police	NA NA
Ľ	03/10/2020	24HR					Report		3		1		ngitude_		O	ther:	
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							NORTH	79	1		WALI	NUT ST	,				┈
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-				At			Feet N	NSE	w o	f _			•	or			_
-	Route# Direct	tion N	Name of Intersect	ing Roadway/Street		- -		1012			Mile	Marker		or	Е	xit Number	
-				ersection with		_ -	Feet N	N S E	W of	f	Rout	<u>-</u>	Intersec	ting R	oadwa	y/Street	-
2						_ -	Feet N	N S E	W of	f	rtout	<i>011</i>	intersec	ing it	ouuwu	y/Bucce	
	Route# Direct	ion	Name of Inters	ecting Roadway/Stree	et					•			La	ndmarl	k		_
3	XVehicle1	2_#Occupants	Hit/Ru	Moped	Case Nur	nber		2	00000	0507							
	License#		St N	IA DOB/Age	R	eg# M	1BTT606				Reg	wne Al	î N	R	eg Stat	te MA	
	Sex_M_ Lic. (Tage B 18 1		19		-	ar_2006									20	_
- 1		ADA Last		Endors	sment		MBTA		11 IVIAN					_ vcn·	Comig	ş	_
1	Address 7 LIN	Last COLN ST (apt.	First 12)	Midd	le		10 (apt. 2810)	PARK	PLZ		First			Mic	idle		-
	City HYDE PA			tate_MA Zip_0213			OSTON						State	MA	7in	02116	-
	-	_{pany} MBTA/SI		шогр			Action Prior to	Crash		21	_				_ ^	le Up to Thr	ee)
				sponding to Emergen				22 2	-	1 22	<u> </u> 22 2	2	3		4		
1		sued)		sponding to Emerger			armful Event	1 23	3					A		10 Undercarr	iage
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				upants involved		nuem	de/Override [28 irbag Ai Status Sv	29 3 rbag Eje	0 31	32 Injury	33 Transp.		\dashv
	Name (Last Firs		1	Addr See Ab			Age/DOB	Sex	Pos. \$				le Code	Status	Code	Medical Facili	ty
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	Please Select O of the Followir		2 <u>1</u> #Occupa	nts Non-Moto	rist A Type	14	Action 1	5 Loc	ation	10	6 Cor	ndition	17		Hit/Ru	un Mop	ed
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2	Operator ORE	Lest	JOANNE First	Endors	C)wner _	(Same as oper	rator)			First			Mic	Idla		_
	Address 58 AS	H ST (apt. C)	riist	Midd		Address	Las				rirst			MIC	idle		_
	City AUBURN	IDALE		tate_MA Zip_0246	66	ity							State	:	_Zip		_
I	nsurance Comp	pany LM GENE	RAL			ehicle	Action Prior to	Crash	1	1 21]	Damag	ed Area	Code	: (Circ	le Up to Thre	ee)
\	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Sec Violation 2: Ch Sec Sec					event S	equence 1 2	22 2			22	2	3	λ	4		
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			operator and a	ll occupants involv					26 Seat S	27 Safety A	28 irbag Ai	29 3 rbag Eje	0 31 Trap	32 Injury	33 Transp.		
	Name (Last Fir Operator/I	Non-Motorist		Add See Ab			Age/DOB	Sex		System 99 1	Status S	witch Co	de Code	Status 7	Code 2	Medical Faci	lity
	1									- 1	- -			1	_		
-										\dashv			+				

Date of Crash	Time of Crash	City/To	Common M	nwealu Iotor V				Number		er Spe	ed Limi		Ment N	Police	
09/10/2020	09:43	NEWTON	11/1	Police			211	Vehicles	Injure	d Lat	itude ngitude_		Local MBT Other	Police A Police	X
	24HR	RSECTION:			CATIO		>	3	NO				CTIO		
	ATTIVIES	ASECTION.		LOC		,			110	IAI	11111	LIKSL	C110.	11.	
			CD 1 /G: 1		_	n D: .:					CT	. 1	/0.		
Route# Direc	tion	Name o	f Roadway/Street At		Route	# Directio	n Ado					Roadway			
						Feet N	SE	W of	Mile	—— Marker	• —	or	Exit N	Number	_
Route# Direc	tion N		ng Roadway/Street		_	Feet N	N S E V	W of							
		71150 at Inte	isocion with			Feet N	ISEV	W of	Route	#	Intersec	ting Roa	idway/St	reet	-
Route# Direct	tion	Name of Interse	ecting Roadway/Stree	et .	-		15121	61			La	ndmark			
W Vobielo 2	1 #Occupants	Hit/Run	Moped	Т							La	Idmark			
Venicles	#Occupants			Case Num	ıber		200	00000507	<u> </u>						
License#	18 1	St _M	DOB/Age	Re	eg # <u>5RH8</u>	51			Reg T	ype_PA	N	Reg	State_N	1A 20	_
Sex_M_ Lic. 0	Class D	Lic. Restrictio		Ve	eh Year_20	16	Veh	Make_N	IINI			Veh Co	onfig.	1	
Operator ENF	Last	PAUL	Middle	0	wner <u>(Sa</u>	me as oper	ator)		First			Middle	e		_
Address 650 H	IUNTINGTON	AVE (apt. 22F)		Ac	ddress										_
City BOSTON	1	Sf	tate_MAZip_0211	<u>5</u> Ci	ity						State		Zip		_
Insurance Com	pany AMICA M	1UTUAL		Ve	ehicle Acti	on Prior to	Crash	6	21	Damag	ed Area	Code: (Jp to Thre	ee)
Vehicle Travel	Direction: N	S X W Res	ponding to Emergen	cy? N Ev	vent Seque	nce $\begin{bmatrix} 1 \end{bmatrix}^2$	2 22	22	22 2		3		4		
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Violation	1: ChSec	c Violatio	n 2: ChSec	Dr	river Contr	ributing Co		24)		
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Please f		ator and all occu	apants involved Addre	ess		ige/DOB	Sex Se	26 27 eat Safety os. System	28 Airbag Air Status Swi	29 3 pag Ejec tch Cod	0 31 Et Trap le Code	32 Injury Tr Status C	ansp. ode Me	edical Facili	ity
Operator			See Abo	ove				99	4 4	0	0	10 1	L		
					_										
Please Select C)ne —		<u> </u>		14	1:	5		16		17				
of the Followi		e# Occupar	nts Non-Motor	rist A Type		ction	Locat	tion	Cond	dition		Пн	it/Run	Мор	ed
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Operator	Last	First	Endorsi	ment O\	wner	Last			First			Middle			_
Address	Last	rirst	Middi		ddress				rirst			Middi	e		_
City		S1	tateZip	Ci	ity						State		Zip		_
Insurance Com	pany			V ₆	ehicle Acti	on Prior to	Crash	- 2	21	Damag	ed Area	Code: (Circle U	Jp to Thre	ee)
Vehicle Travel	Direction: N	S E W Re	esponding to Emergen	ncy? Ev	vent Seque	nce 2	2 22	22	22 2		3		4		
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DI		r operator and al	l occupants involve					26 27 eat Safety	28 Airbag Air	29 30 Dag Ejec	0 31 Trap		33 ansp.		
	rst Middle)		Addı		-+	Age/DOB	Sex I	os. Syste	m Status Sw	ritch Co	de Code			ledical Facil	lity
Name (Last Fi			See Aho	ove			-			- 1			- 1		
Name (Last Fi	Non-Motorist		See Abo	ove									+		
Name (Last Fi			See Abo	ove											_



Crash Narrative:

(Continued on next page)

The operator of MV#1 stated he was travelling southbound on Walnut St when he observed MV#3 pull out of the driveway of Walgrens (Located on 1101 Beacon St but the driveway goes out onto Walnut St), struck MV#2 who was travelling northbound, pushing MV#2 into MV#1. MV#1 is an MBTA bus. MV#1 sustained minor damages to its driver's side front bumper area. There were no reported injuries to the operator of MV#1 or its passengers. All of the passengers onboard of MV#1 left the area prior to my arrival except for 1.

The operator of MV#2 stated she was travelling northbound on Walnut St when she was struck by MV#3, which in turn pushed MV#2 into MV#1. MV#2 sustained heavy front end damages with driver's side airbag deployment and heavy driver's side door panel damages. The operator of MV#2 sustained injuries to her neck and shoulders.

She was transported by Newton Paramedics to Newton Wellesley Hospital. The operator of MV#2 had a small dog

W itnesses:						
Name (Last, First, Middle)	Address			Phone #	ŧ	Statement
Property Damage:			,			
Owner (Last, First, Middle) Addre	ss	Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information: Registre Carrier Name MBTA	ation # MBTT606	(From Vehic	le Section)	Carrier Issu	ning Authority Code	35
Address 10 PARK PLZ RM2810		City_BOSOTN		St_MA_	Zip_02116	
US DOT #: State Numb		_ Issuing State MASS	6AC ICC #:_		Interstate 2	36
Cargo Body Type Code 1 37 Gross Vehicle W Trailer Reg #: Reg Ty Hazmat Information:		Reg Year	Tra	ailer Length 39		
Placard 40 Material 1 digit # 41	Material Name		Material 4 o	ligit #	Release code	42

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: → 1	→ □	2	Ŷ		
					If Crash <u>Did No</u> on a Public Way:	
	_				Off-Street Park	ing Lot
					☐ Garage	
						Cantar
	-	<u> </u>		-	Mall/Shopping	
					☐ Other Private V	/ay
		+			Indicate North by	Arrow
Crash Narrative:			'			
with her that was located	in the front	nassenger ses	at Newton Anim	al Contr	ol took possession of the	dog and
transport it to the veteri					_	and and
The operator of MV#3 state						-k MV#2
The operator of MV#3 state						
damages. There were no rep				peed. MV	#3 Suscarned neavy front	ena
Tody's Towing took possess				Michael	Bolotin arrived on scene	
documented the accident (N						
				possessi	on or MV#1. The City of	
Newton DPW's street sweepe	er cleaned the	debris on the	street.			
Witnesses:		1				1.
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
T 1 12 16 11						
Truck and Bus Information:	Registration #		(From Veh	,		35
Carrier Name					Carrier Issuing Authority C	Code
Address			City		St Zip	26
US DOT #:	_ State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Vame		Material 4 o	ligit # Release code	42
CITA K SETIABUDI		2511	1 NEWTO		00/11	0/2020

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)