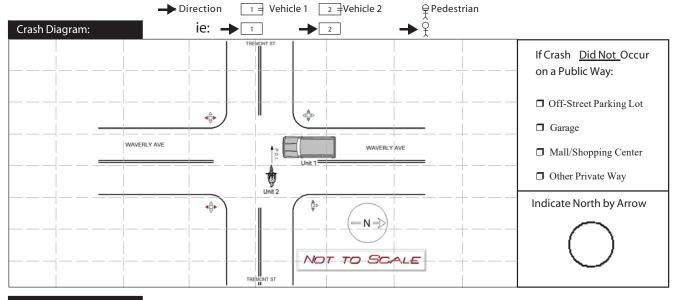
	Poli	ice Use Only		Commonwea	alth o	of Mass	ach	uset	tts		RM	V Docu	ument	Number	
	Date of Crash 11/05/2020	Time of Crash 10:28	City/To	MIOTOI		icle Cra	ash	Num			Speed Lim Latitude _		Sta Loc MF	te Police cal Police BTA Police	A)
	, ,	24HR				Report		2	1		Longitude		Oth	ner:	_
		AT INTER	SECTION:	<	LOCA	ΓΙΟΝ	>		N	NOT A	T INT	ERSE	ECTI	ON:	
	WES	T TREMO	ONT ST												
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direct	ion A	ddress	#		Name of	Roadwa	y/Stree	t	_ 2 ¹
	SOU	TH WAVE	RLEY AVE			Feet	N S E	W of	·	Iile Marl	•	or	Evi	it Number	
	Route# Direc	etion N	Iame of Intersectin Also at Inters	·		Feet	N S E	W of		IIIC IVIAII	CCI		LAI	it Ivullioci	_
2			Also at filter:	section with			N S E	_	R	oute#	Interse	cting Ro	oadway/	/Street	3
² 1	Route# Direc	tion	Name of Intersec	eting Roadway/Street	I	rcci	11 5 1	1 11 01			I s	ındmark			$-\frac{3}{}$
3	X Vehicle 1	#Occupants	☐ Hit/Run	☐ Moped Case								indinark			7
	Vellicie	#Occupants			Number			2000000)639						4
	License#	18 1	St M	DOB/Age		3YD266				eg Type_			g State	20	-
	Sex_F_ Lic.		Lic. Restriction	S CDLEndorsment		ear_2016		eh Mak	e_INFI			_Veh C	Config.	2	
3	Operator QU	Last	MIRIAM	Middle		(Same as op				rst		Midd	dle		- 1
	Address 51 BU			MA 074		ss									-
	City BRIGHT			te_MA Zip_02135					21					II. 4. Thu	
5	1	pany COMMER				e Action Prior		1	21 22		aged Area		(Circle	Up to Thre	e)
1		Direction: N	-	onding to Emergency? N		Sequence 1		3						0 Undercarri	age
		ssued) T2016100		• •		Harmful Event	1		. 24	(I)	-]		- 1	1 Totaled	
⁶ 1	1			2: ChSec		Contributing (13	19	$oxed{0}$	7	<u> </u>	6		
1			ator and all occur	4: ChSec	Under	ride/Override		Т	owed <u>Y</u>	_	30 31 Eject Trap	32	33		1
	Name (Last Fir		l l	Address		Age/DOB	Sex	Pos. \$y	stem Statu	s Switch	code code	Status	Transp. Code	Medical Facilit	1 1
	Operator			See Above				1	l 4	99	0 0	10	1		
⁷ 2	Please Select C of the Followi	I A Venicle	2 1_#Occupant	s Non-Motorist A Ty	pe 1	Action	15 Lo	cation	16	Conditio	n 17	ı I	Hit/Run	Мор	ed
	License#		St M		Reg#	UNKOWN			Re	eg Type_	PAN	Re	g State		-
	Sex_M Lic.	Class D 18 1	Lic. Restriction	S B CDL Endorsment	Veh Y	ear	V	eh Mak	e_ITRAX	X		_Veh C	Config.	3 20	
8 1	Operator WA	Last	KEITH First	DWAYNE Middle	Owner	(Same as op	erator)		Fi	rst		Mide	dle		-
	Address 17 BF	RADLEY STREE	T (apt. 3)		Addres	ss									
	City BOSTON	1	Sta	te_MA Zip_02124	City_						State	e	_Zip		-
	Insurance Com	pany NONE			Vehicle	e Action Prior							`	Up to Thre	ee)
	Vehicle Travel		S E X Res	ponding to Emergency? N	Event	Sequence 1			22	2	3		4	0 Undercarri	nge
		ssued) T2015901		00/047	Most I	Harmful Event	1	3	7 2	1	<u>-]</u>	1		Totaled	age
	l			n 2: ChSec		Contributing (Code 2	1 24		4 8		<u> </u>) 6		
		n 3: ChSe		n 4: ChSec	Under	ride/Override		To	wed Y	_	30 21	32 1	33		_
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Sa Pos. S	27 28 afety Airba System Stat	29 g Airbag us Switch	30 31 Eject Trap Code Code	Injury I Status	Γransp.	Medical Facil	ity
	Operator/	Non-Motorist		See Above				5	5 5	3	2 0	8	1		
							+			+					



Crash Narrative:

Operator of vehicle one (2016 Infinity MA reg 3YD266) Miram Qualter, stated on 11/05/2020 at 10:28 hours while driving south bound on Waverley Ave near the intersection of Tremont St " the light was turning " as her vehicle entered the intersection. Both Tremont St and Waverly Ave are public ways in the City of Newton. Qualter stated that she was driving into solar glare and did not see any traffic in the intersection as she proceeded into it. Qualter stated that she believed that she still had the right of way and that traffic on Tremont St had a red light. Qualter stated that she did not see vehicle two until the time of impact. Qualter stated that she was not injured in the crash. Qualter's vehicle had major damage to the front driver's side windshield and front driver's side quarter panel.

Operator of vehicle two Keith Ward stated that he was riding his Itraxx Cruze motor scooter west bound on

(Continued on next page)

Witnesses: Name (Last, First, Middle) Address Phone # Statement 30 CUSHING ST WALTHAM,MA 02453 N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # (From Vehicle Section) 35 Carrier Name ___ Carrier Issuing Authority Code ___ City____ Address_ US DOT #: ___ ____ Issuing State ____ ICC #:___ State Number Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information:

MICHAEL A MCSWEENEY	NEWTON POLICE DEPARTM	11/05/2020			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material 4 digit # _____ Release code

Placard

Material 1 digit #

Material Name

-	Direction 1	Vehicle 1 2	₹Vehicle 2	₽Pedestriar	1	
Crash Diagram:	ie: → 1	2	→	ĝ		
					If Crash <u>Did No</u> on a Public Way	l l
					Off-Street Park	ing Lot
					Garage	
	į į			į	☐ Mall/Shopping	Center
				+-	☐ Other Private V	Vay
				+-	Indicate North by	/ Arrow
Crash Narrative:						
Tremont St near Waverley	Ave on 11/05/202	0 at 10:28	hours. Ward st	ated that	west bound traffic had	a green
light and he proceeded in	to the intersect	ion. Ward st	ated that as he	e was appr	oximately halfway into	the
intersection when vehicle	one crashed int	to the right	front of his ve	ehicle. Wa	rd stated that he was	ejected
from his motorcycle and or	nto the hood of	vehicle one	. Ward was wear	ring a hel	met and his head had co	ontact
with vehicle one's driver	side windshield	l causing sub	stantial damage	e. Ward wa	s evaluated by Newton !	Medic Unit
3 and refused medical trea	atment. Ward sig	ned a patien	t refusal form	provided	by the medics. Ward had	d visible
head lacerations that caus	sed minor blood	loss.				
Witness Jose David stated	that he was rid	ling on a moto	or scooter beh	ind Ward.	David stated that west	bond
traffic on Tremont St had	a green light a	nd that vehic	cle one did no	t stop at	a red light.	
(Continued o	on next page)					
Witnesses:		1				-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Twick and Duc Information						
Truck and Bus Information:			(From Vehic	ele Section)	Camina Innia - Andraite	35
Carrier Name					Carrier Issuing Authority C	ode
Address			City		St Zip	36
US DOT#:	_ State Number		Issuing State	ICC #:	Interstate	30
	oss Vehicle Weight	38			39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Traile	er Length	
Placard 40 Material 1 digit	# 41 Material Na	nme		Material 4 digi	it # Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/05/2020

Date

Precinct/Barracks

MICHAEL A MCSWEENEY

Police Officer Name (Please Print)

-	▶ Direction 1	Vehicle 1 2	₹Vehicle 2	₽Pedestriar	ı	
Crash Diagram:	ie: → 1	2	□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
	_	<u> </u>			—	ng Lot
					☐ Garage	
					☐ Mall/Shopping	Center
	_	+ 	- — — — —		Other Private W	ay
				+-	Indicate North by	Arrow
Crash Narrative:						
Based upon statements made	to me and my	observations	of the involve	d vehicles	, I issued Qualter MA C	itation
T2016100 and cited her for	a violation o	f MGL 89/9 ,	failure to st	op at a re	d light. I took photos	of both
vehicles and the disk was	downloaded by	the NPD's IT	Bureau. Both	vehicles	were towed by Tody's To	wing, and
I filled out towed motor ve	hicle forms.					
During my investigation of	this crash I	discovered th	at the motor s	cooter tha	t Ward was operating is	
classified as a motorcycle	because it's	cylinder cap	acity exceeded	50cc. Wa	rd's vehicle speedomete	r
indicted that it's top spec	ed was 50 MPH,	and it's VIN	tag stated it	was a mot	orcycle. I observed th	at there
was no license plate on War	d's vehicle a	nd he stated	to me that it	was unregi	stered. A check of the	MA RMV
had no record of Ward's veh	nicle and also	revealed th	at Ward's driv	er's licen	se was suspended on 12/	04/2018.
(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority C	
Address			City		St Zip	
	State Number	38	Issuing State	ICC #:	Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	lame		Material 4 dig	it# Release code	42

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

11/05/2020

Date

Precinct/Barracks

CDP1 11 ·24·00

MICHAEL A MCSWEENEY

Police Officer Name (Please Print)

	→ Direction 1	Vehicle 1	₂ ≢Vehicle 2	₽Pedestrian			
Crash Diagram:	ie: → 1	→	2	▶ĝ			
						rash <u>Did Not</u> a Public Way:	Occur
						·	
						Off-Street Parkin	g Lot
						Garage	
	 	 				Mall/Shopping C	enter
	İ					Other Private Wa	у
	——— ———— 	+ 	+		Indi	cate North by A	Arrow
		+ +	+	 +			
Crash Narrative:							
It was also revealed	from a of the MA R	MV data base	that witness	Jose David's	driver's li	cense statu	e is
expired non renewable	as of 01/23/2017.	David stated	d to me that	he did not ha	ve a driver	s license.	I also
discovered that David'	s motor scooter wa	s classified	as a motorcy	cle, because	as with Ward	l's vehicle	it also
had a cylinder capacit	y exceeding 50cc.	David stated	to me that h	is vehicle wa	s unregiste	ered. I iss	ued
David MA Criminal Appl	ication T2015901 a	nd cited him	for violation	ns of MGLs 90	/10, operati	on of a mot	or
vehicle with out a lic	ense, 90/34j unins	ured motor ve	hicle and 90	/9 , unregist	ered motor v	rehicle.	
I issued Ward MA Crimi	nal Application T2	015902 and ci	ted him for	violations of	MGLs 90/23	, operating	a motor
vehicle after suspensi	on, 90/34j, uninsu	red motor veh	nicle and 90/	9 unregistere	d motor vehi	cle. I fill	ed out
an Operating After Sus	pension Affidavit	and faxed it	to the MA RM	V Driver Cont	rol Unit.		
Witnesses:		1			1		1-
Name (Last, First, Middle)		Address			Phone #	<u> </u>	Statement
Property Damage:		,					
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Dama	ged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)			35
Carrier Name					Carrier Issu	ning Authority Coo	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38					_
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39		
Hazmat Information:						_	
Placard 40 Material 1	digit # 41 Material N	[ame		Material 4 digit	#	Release code	42

MICHAEL A MCSWEENEY 11/05/2020 NEWTON POLICE DEPARTM Police Officer Name (Please Print) ID/Badge # Precinct/Barracks Date Signature Department