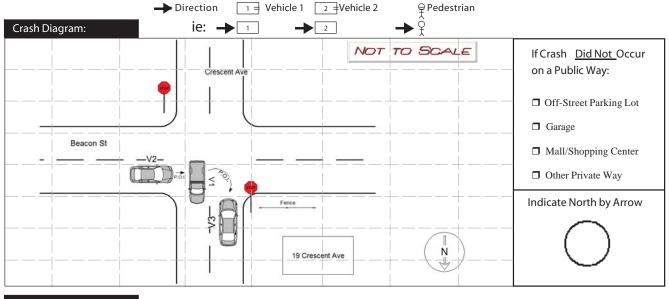
	Poli	ice Use Only		Comn	nonweal	lth o	of Mass	ach	use	etts			RM	V Doc	cumen	ıt Number	
	Date of Crash 11/05/2020	17:45	NEWTON	Γown	Motor			ash	Vel	mber hicles	Injur		itude _		St L	tate Police ocal Police IBTA Police	N N
		24HR	RSECTION			OCAT	Report	>	3		0 N(T AT	ngitude			ther:	-
		ATINIE	ASECTION	•	_ `	JOCAI	HON				110)I AI	1111	LINS	EC I	юн.	\dashv
1	WES			of Roadway/Stree		l.									10:		
3	Route# Direc	tion	Route# Direction Address # Name of Roadw								eet	- :					
	NORTH CRESCENT AVE						Feet NSEW of —					• or Mile Marker Exit Number					- [
	Route# Direc	etion 1		ting Roadway/Str	reet	[Feet	N S	E W	of							
							Feet	N S I	E W	of	Rout	e#	Interse	cting R	oadwa	y/Street	
1	Route# Direc	tion	Name of Inter	secting Roadway/	/Street								La	ndmar	k		
	XVehicle1	2_#Occupants	Hit/Ru	n Mop	ed Case N	Jumber			200000	00642							
	License#		St ¹	MA DOB/Age		Pag # 1	IRLN56				Pag"	Гуре_РА	ΔN	D	ea Stat	MA	
		Class D 18 1	18	19	DL	_	ear 2000				-				-	20	-
	1	AMBILLA		JOSI	ndorsment E PH		(Same as op			кс						5·	_
2		Last ATFIELD ROAI			Middle		S				First			Mi	ddle		
				State_MA Zip	02465									·	Zip		
	Insurance Com	pany SAFETY				Vehicle	Action Prior	to Crasi	h	1 21	Π	Damag	ed Area	Code	: (Circ	le Up to Thre	ee)
1	Vehicle Travel	Direction: X	S E W Re	esponding to Eme	ergency? N_												
_	Citation # (If I	ssued) 2080109				Most H	Iarmful Event	1	23					A		10 Undercarr	iage
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	Violation	3: ChSec	c Violati	on 4: ChS	Sec	Underride/Override $\frac{25}{7}$ Towed $\frac{Y}{8}$ 8 $\frac{7}{7}$ Θ											
	Please t		ator and all oc	cupants involve	d Address		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag A Status \$	29 3 irbag Eje vitch Coo	30 31 ct Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili	ity
	Operator	st Widdle)			e Above							99 0	0	10	1	Wedicar Facin	
	CAIRA, FRAN	ICIS, L		5 WEST PINE ST NEWTON, MA 0				M	11	99	4	99 0	0	10	1		
				,													
2	Please Select C of the Followi		e2 <u>1</u> #Occupa	ants Non-M	Motorist A Type	2	4 Action	15 Lo	ocation	1	Co:	ndition	17		Hit/Ru	un Mop	ed
	License#		St _	MA DOB/Age	e	Reg#_	9TL968				_Reg	Гуре_РА	ΔN	R	leg Stat	te_MA	
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2	Operator MC	MILLAN	MARGARI	ET E1	ndorsment Middle	Owner (Same as operator) Last First Middle								_			
	Address 8 EXI	MOOR RD				Addres	s										-
	City NEWTON State MA Zip 02459												State		Zip_		-
	Insurance Com	pany LM GENE	ERAL			Vehicle	Action Prior	to Cras	h	1 2		_	ed Area	Code	: (Circ	le Up to Thre	ee)
	Vehicle Travel Direction: NSEX Responding to Emergency? N Citation # (If Issued)						Most Harmful Event 1 23 10 Undercarria, 5 11 Totaled								.		
															rage		
	Violatio	Driver Contributing Code 1 24 24															
				ion 4: Ch		Underr	ide/Override			owed	<u>Y</u>		0 1 25	1 22	6	ı	
	Pl Name (Last Fi		operator and	all occupants in	volved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety . System	28 Airbag A Status S	29 Switch Co	0 31 ct Trap ode Code	32 Injury Status	Transp. S Code	Medical Faci	lity
	Operator/	Non-Motorist		See	e Above					99	3 9	99 0	0	10	1		
															_		

Pol Date of Crash	Time of Crash	City/Town	Commonwe				umber	Number		RMV d Limit		State Poli	
11/05/2020	17:45	NEWTON	MIOTOI		icle Cra Report	l v	ehicles	Injured	Latit	ude gitude_		State Poli Local Pol MBTA Po Other:	ice 🛣
	AT INTER	RSECTION:		LOCAT		>	3	0 NOT				CTION:	
	ALI II VI EI	ASECTION.			1011			1101	711		ZNOLK	2110111	
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- Routen Brief	, tion	At											
Route# Direc		N	D Image/Charact	L	Feet N	SEW	of –	Mile M	arker	(or	Exit Numb	ber
Route# Direc	ction r	Name of Intersecting Also at Intersection	·		Feet N	SEW	of					1 (0)	
				-	Feet N	SEW	of	Route#	I	ntersect	ting Koac	lway/Street	
Route# Direc	etion	Name of Intersecti	ng Roadway/Street							Lan	ndmark		
XVehicle 3	_1_#Occupants	Hit/Run	Moped Case	e Number		2000	000642						
License#		St MA	DOB/Age _ 	Reg#	7DY950			Reg Tyr	e PAN	J	Reg	State MA	
Sex_F Lic.	18 1		19 CDL	_	ear 2019						_		20
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Insurance Com					Action Prior to	Crash	97 21	Da	amageo	l Area	Code: (0	Circle Up to	Three)
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Citation # (If]	[ssued]			Most H	Iarmful Event	1 23				9	$\{ \mid \ $	10 Unde 5 11 Total	rcarriage ed
Violation	1: ChSec	c Violation 2	: ChSec	Driver	Contributing Co		24	24	1	Á	<u>\</u>		
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Please Name (Last Fir		ator and all occupa	nts involved Address		Age/DOB	Sex Pos.	Safety A	28 29 Airbag Airbag Status Switch	30 Eject Code	31 Trap Code	32 Injury Tra Status Co	33 nsp. de Medical	Facility
Operator			See Above				- 99	4 99	0	0	10 1		
Please Select (One Overeign	- "0	DN Mi-A T	1-				6		17		·/D	
of the Followi	ing: Vehicle	e# Occupants	Non-Motorist A Ty	уре	Action	Location	on	Condit	ion		Hit	/Run	Moped
License#	18 1	St	DOB/Age	_ Reg#_				_Reg Typ	ie		Reg		20
Sex Lic.	Class	Lic. Restrictions	CDL Endorsment		ear		lake				Veh Co	nfig.	
Operator	Last	First	Middle	_ Owner	Last	:		First			Middle		
Address				-	s								
'			eZip				21					Zip Circle Up to	Three)
Insurance Com	_				e Action Prior to	Crash	22	22 2	unaget	3 Area	Coue. (C	4	incc)
	Direction: N		onding to Emergency?		sequence	23				\prod			rcarriage
	(ssued)		2: ChSec		Iarmful Event Contributing Co	ude .	24	24 1	←	9		5 11 Total	ed
1			2: ChSec 4: ChSec		ide/Override	25	Towed	8		7	كالك	6	
		r operator and all o		Underr	Tue/Override	20 Seat		28 29 Airbag Airba	30	31 Trap	32 Injury Tra	33	
Name (Last F	irst Middle)		Address See Above		Age/DOB	Sex Pos	System	Status Swite	ch Code	Code		nsp. ode Medical	Facility
Operator/	/Non-Motorist		See Above				1			1			



Crash Narrative:

On Thursday, November 5th 2020, at approximately 17:45 hours, I, was responding to a call at 1269 Centre St for the report of an attempted larceny. I was travelling northbound on Crescent Ave, when I heard a loud crash behind me on Beacon St. I diverted from that call, and observed a three car accident at the intersection of Beacon at Crescent St, and notified dispatch to send Newton medics.

It was determined that vehicle 1 was travelling northbound on Crescent Ave, and drove through the stop sign, without stopping, striking vehicle 2 on the front left of their vehicle. Vehicle 3 was stopped at the stop sign on the other side of Crescent Ave facing southbound. Vehicle 1 spun, and the opposite side of the vehicle struck vehicle 3, on their front right side. Vehicle 2 crashed into the residents fence at 19 Crescent Ave.

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:					1		
Owner (Last, First, Middle)	Address 19 CRESCENT AV		Phone #	34-Type	Description of Dama	ged Property	
HEALY, DAVID,	E .CHUSETTS 0:	781-249-3227	97	FENCE 19 CRESCEN			
Truck and Bus Information:	Registration #		`	hicle Section)	Carrier Issu	uing Authority Cod	35 e
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	Material Nam	ne		_ Material 4	digit #	_ Release code	42

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

-	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestriar	1	
Crash Diagram:	ie: →□	1	2	→ Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
		_ + 				enter
					Other Private Wa	
					Indicate North by A	Arrow
		<u> </u>				
					\ \ \ \	
Crash Narrative:						
I observed heavy damage to	the right sight	de of vehicle	1, as well a	as the back 1	eft side. Vehicle 2 had	heavy
damage on the front of the	e vehicle. Vel	hicle 3 had he	eavy damage	to the front	right of their vehicle.	No one
was injured, and the Newto	on medics clear	red with refus	sals. Tody'	s towed all t	hree vehicles to their l	ot.
Photos were taken of the i	fence, and were	e submitted t	to the It bu	reau. A Mass	achusetts Uniform citati	on was
filled out (T2080109) for	Ch. 89 S. 9 (:	failing to sto	op/stop sign) and given i	n hand to the	
operator of vehicle 1.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Owner (East, 1 list, Middle)	//ddic33		THORE #	эт турс	escription of burnaged (Toperty	
Truck and Bus Information:	Registration # _		(From `	Vehicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	de 35
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vea	r Traile	er Length	
Hazmat Information:	Reg Type	Reg State	Neg 16a	11dile	a Longui	
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 die	it #Release code	42
i meme iviaciiai i digit	iviacitat	1 millo		Maccilai 4 digi	ic ii Keicase code	
TIMOTHY ROCHE				EWTON POLICE DEPARTM	11/05/2	1020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)