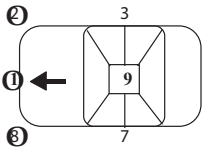
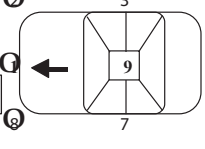


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 11/19/2020		Time of Crash 16:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____																																																																
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																																																																						
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>WEST 1230 COMMONWEALTH AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet X S E W of PRINCE ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
						<div>210</div> <div>_____</div>																																																																						
						<div>116</div> <div>_____</div>																																																																						
						<div>_____</div>																																																																						
<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants</div>		<div><input type="checkbox"/> Hit/Run</div>		<div><input type="checkbox"/> Moped</div>		Case Number 200000664																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____</div> <div>Operator MULLTINS-TAYLOR MINDI M</div> <div>Address 20 COLBORNE RD</div> <div>City BRIGHTON State MA Zip 02135</div> <div>Insurance Company ESURANCE INSURANCE COMPANY</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div> <div>Citation # (If Issued) T2014484</div> <div>Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>112</div> <div>Reg # 1WDRI5 Reg Type PAN Reg State MA</div> <div>Veh Year 2010 Veh Make SUZI Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 20 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div>																																																																						
<div>5</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>99</td><td>1</td><td>1</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	Operator	See Above	-----	---	---	99	1	1	0	0	10	1																																								
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility																																																																
Operator	See Above	-----	---	---	99	1	1	0	0	10	1																																																																	
<div>71</div> <div>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>																																																																												
<div>81</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator HAYWARD BARBARA</div> <div>Address 29 BAYBERRY CIR</div> <div>City MILLIS State MA Zip 02054</div> <div>Insurance Company COMMERCE INSURANCE</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>131</div> <div>Reg # 986KW1 Reg Type PAN Reg State MA</div> <div>Veh Year 2012 Veh Make NISSAN Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed Y</div> <div></div>																																																																						
<div>13</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>99</td><td>1</td><td>1</td><td>0</td><td>2</td><td>8</td><td>2</td><td>TUFTS MEDICAL CENTER</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	Operator/Non-Motorist	See Above	-----	---	---	99	1	1	0	2	8	2	TUFTS MEDICAL CENTER																																							
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility																																																																
Operator/Non-Motorist	See Above	-----	---	---	99	1	1	0	2	8	2	TUFTS MEDICAL CENTER																																																																

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Prince St

1280 Commonwealth Ave

Carriage Lane (Commonwealth Ave.)

MV#2

MV#1

← N →

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On, 11/19/2020 at approximately 1700 hrs, Newton Police and Fire were dispatched to Commonwealth Ave. and Prince St. for a reported head on motor vehicle collision with injuries. Upon arrival, I observed MV#1 (1WDR15) facing eastbound in the westbound travel lane. MV#2 (986KW1) was also facing eastbound, but in the eastbound travel lane. Both vehicles had significant front end damage, consistent with a head on motor vehicle collision.

The operator of MV#1 was sitting on the grassy median upon my arrival. She stated she was traveling eastbound on Commonwealth Ave. when she became distracted by the radio, crossed over the double yellow line into the westbound lane of Commonwealth Ave. and collided with MV #2. The operator of MV#2 was entrapped in her vehicle, but was able to be extracted from the vehicle by Newton Fire personnel. Operator #2 was able to

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DANIEL SOHN **NEWTON POLICE DEPARTMENT** **11/19/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

inform me that she was traveling westbound on Commonwealth Ave. She noticed MV#1 cross over the double yellow line at a high rate of speed, and collide into her vehicle.

The operator of MV#2 was conscious and alert and transported to Tufts Medical Center Boston for an evaluation.

The operator of MV#1 declined medical attention and was given a Massachusetts Uniform Citation (T2014484) for violating MGL. Ch. 89. Sec. 4(a) Marked Lanes Violation.

Both vehicles were towed away from the scene by Tody's Towing Service. Photographs of this collision were taken on the (N492) camera and will be attached to this report.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

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 Name _____ Material 4 digit # _____ Release code 42

DANIEL SOHN

NEWTON POLICE DEPART

11/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date