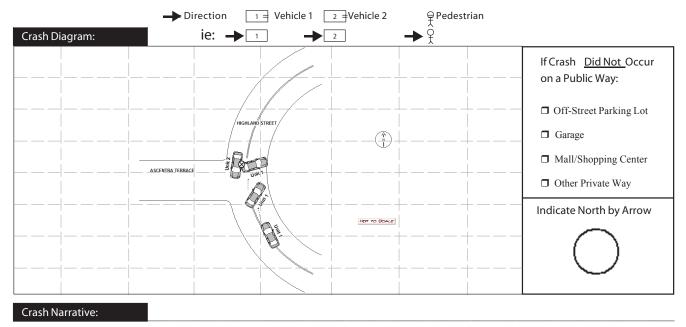
	Poli	ce Use Only		Commo	nweal	th o	f Mass	ach	use	etts			RMV	V Docu	ıment	Number	
	Date of Crash 02/09/2021	Time of Crash	City/T NEWTON	own N	Aotor '	Vehi	icle Cra	sh		mber	Numb		ed Limi		Sta Lo	ate Police ocal Police BTA Police	<u> </u>
	02/05/2021	13:34 24HR	NEWTON		Poli	ce I	Report		2		0		ngitude_		Ot	BIA Police her:	
		AT INTER	SECTION:		< L(OCAT	TION	>			NO	ΓАТ	INTI	ERSE	CTI	ON:	\exists
	WES	Γ ASCEN	TA TER														- -
1 1	Route# Direction Name of Roadway/Street At						Route# Direction Address# Name of Roadway/Street								et		
	SOU	TH HIGHL	AND ST			Feet NSEW of or								-			
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number Feet N S E W of										-	
			Also at Inte	rsection with		-					Route	-	Intersec	ting Ro	adway	//Street	- -
4	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of										
3	Koute# Direc	tion	Name of filters	cernig Koadway/Sire	.et	Landmark									-		
3	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case Nu	ımber		2	210000	00097							
	License#		St N	IA DOB/Age		Reg#2	2AKS61				Reg T	_{/ne} PA	N	Re	g State	MA	
	Sex_F Lic. 0	18 18		19		Reg # 2AKS61 Reg Type PAN Reg State MA W. W. 2014 W. W. HONDA W. G. G. T. 20										-	
4	l			Endor	sment											\vdash	
1	Operator 28 FT	RRON Last JGENE DRIVE	First	Midd			(Same as ope							Midd	lle		- [
	1			MA ara											-		
	1			tate MA Zip 010											_		
-				EES INSURANCE			Action Prior to			1 21		·			` _	e Up to Thr	ee)
2	Vehicle Travel	Direction:	S E W Res	ponding to Emerge	ncy?_N	Event S	Sequence 42			22	22 2		3	$\overline{}$	(4)		
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	3		1	+	9			10 Undercarr 11 Totaled	nage
	Violation	1: ChSec_	Violatic	n 2: ChSec_		Driver	Contributing C		99	4	24			\sum			
⁶ 3	Violation	3: ChSec_	Violatic	n 4: ChSec_		Underr	ide/Override	2	.5	Гowed	Y 8		7		0		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address						Age/DOB	Sex	26 Seat Pos.	27 Safety A	28 irbag Air tatus Sw	29 3 pag Ejer tch Coc	0 31 et Trap le Code		33 ransp.	Medical Facili	ity
	Operator	st Wildule)		See Al			Age/DOB				4	0	0		Code 1	Medical Facili	ity .
														\vdash			
⁷ 3	Please Select C of the Followin		2 <u>1</u> # Occupa	nts Non-Moto	orist A Type	14	4 Action	Lo	cation	10	Cone	lition	17	□ ·	lit/Ru	n Mop	ed
	License#	License# St MA DOB/Age-				Reg # S96I			696DN7			Reg Type PAN			Reg State MA		
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL												20	-			
8	Operator BALABAN DAVID Endorsment					Owner (Same as operator)											
1		Last	First	Mid	dle	Last First Middle										-	
	Address 48 MILO ST					Address										-	
	COVERNMENT EMPLOYEES					CityStateZip									-		
	Insurance Company GOVERNMENT EMPLOYEES					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									(6)		
	Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued)						Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarriage 5 11 Totaled									iage	
																50	
	Violation		Driver Contributing Code 1 24 24														
	Violation	:	Underride/Override Towed N 8 6 6														
	Plo Name (Last Fi		operator and a	ll occupants involv	ved dress		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 irbag Air Status Sv	29 3 Ejec itch Co	0 31 Trap de Code		ransp. Code	Medical Faci	lity
		Non-Motorist		See Ab			Age/DOB			99 4		0	0		1	wiculcal Fact	irty
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On Tuesday February 9th, 2021 at approximately 1334 hours I responded to the intersection of Ascentra Terrace and Highland Street for a two car motor vehicle accident. At the time of the accident the weather condition was heavy snow in the area and the roads were covered in snow. Both Ascentra Terrace and Highland Street are owned and maintained by the City of Newton.

Upon arrival I met with the operator of MV1 identified as Elizabeth Carron (S53478024). She stated she was heading northbound on Highland Street when she lost control of her vehicle on the bend of the road and made contact with MV2. MV1 sustained heavy rear end damage and airbag deployment.

The operator of MV2 identified as David Balaban (S09328852) stated he was traveling southbound on
Highland Street and could not avoid MV1 when it lost control and collided with his vehicle. MV2 sustained

(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)	Address		Ph	one #	Statement					
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of D	Damaged Property					
Truck and Bus Information:	Registration #		(From Vehic	le Section)						
Carrier Name					Carrie	er Issuing Authority	Code 35			
Address			City		S+	Zip				
Address			City		St	Zip	36			
US DOT #:	State Number		_ Issuing State	ICC #:_		Interstate	36			
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39				
Hazmat Information:										

Material 4 digit #____

Release code

Placard

Material 1 digit #

Material Name

	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: →	1 -	2	▶ Ŷ		
Crash Diagram:	ie: →			P - -	If Crash Did No on a Public Way. Off-Street Park Garage Mall/Shopping Other Private V Indicate North by	ing Lot Center
						
heavy drivers side panel o						
The Fire department and Me	dic 2 arrived	on scene and	cleared with	a patient	refusal. Todys responded	and
towed MV1 as it was inoper	rable.					
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:	D 11 11 11			1:1 0 :: \		
			(From Ve		35	
Carrier Name					Carrier Issuing Authority C	Code
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material 1	Name		Material 4 o	digit # Release code	42
ANDREA M FERGUSON			NEW	VTON POLICE DEPARTM	02/0	9/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)