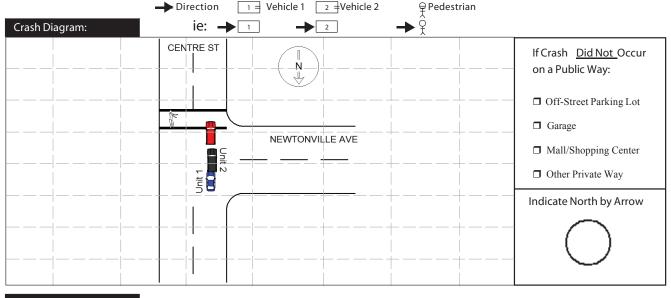
	Poli	ice Use Only		Commo	nwealt	h o	f Mass	ach	use	etts			RMY	V Docu	ımen	t Number	
	Date of Crash 04/09/2021	Time of Crash 14:53	City/I NEWTON	own M	Iotor V	/ehi	icle Cra	sh		mber nicles	Numbe		ed Limi tude _		St Lo	tate Police ocal Police IBTA Police	N X
	04072021	24HR					Report		2		4		gitude_		O	ther:	
		AT INTER	RSECTION:	<	< LO	CAT	TION	>			NO	ГАТ	INTI	ERSE	ECT	ION:	
		CENTR	E ST														
1 1	Route# Direc	tion	Name o	f Roadway/Street		R	Route# Direction	on A	ddress	s #		Na	me of F	Roadwa	y/Stre	eet	_
	At NEWTONVILLE AVE																
	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or Exit Number									_		
				ersection with		_ -	Feet	N S I	E W o	of	Route	<u> </u>	Intersec	ting Ro	adwa	y/Street	-
1						_ -	Feet	N S I	E W o	of	Ttoute			ing rec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Route# Direc	tion	Name of Inters	ecting Roadway/Stree	et	Landmark									4		
3	XVehicle1	2_#Occupants	Hit/Ru	Moped	Case Nu	mber		:	210000	00252							-
	License#		St N	IA DOB/Age	I	2 og # 5	5LMZ60				Reg Ty	pe PA	N	P.o.	a State	e_MA	-
	Sex_F Lic. (19 19		19			ear_2013	V	oh Mal	sUl		. —		Veh C		20	-
1		RLE Last		Endors	ment		KAAFARAN			AYTH				_ ven c	onng		_
1	Address 44 BU	Last JSWELL PARK	First	Middl					K		First			Midd	lle		-
	City NEWTO			tota MA Zin 0245	Address 44 BUSWELL PAR 02458 City NEWTON										MA Zin 02458		
	City NEWTON State MA Zip 02458 Insurance Company SAFECO					Valida Astina Print to Corel. 21 Damaged Area Code: (Circle Up to Three)											ee)
;	Vehicle Travel Direction: NXEW Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 22 22 20 3 4 Most Harmful Event 2 23 10 Undercarriage											
																riage	
	Citation # (If I		Violatio	n 2: Ch Sec			Contributing C	1	5 2	4	0	+	9		5	11 Totaled	
1							ide/Override		v=1	Forward			7	<u> </u>	6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						Underride/Override Towed Y 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility										
	Name (Last Fir			Addre			Age/DOB	Sex	Pos. S					Status	Code	Medical Facili	ity
	Operator		See Abov 44 BUSWELL PARK						1 4 99 0			-	0 9 1				
	KAAFADANI ZIAD			NEWTON, MA 02458			M 6 4 4 99				0	0 0 9 1					
3	Please Select C of the Followi		22 <u>2</u> #Occupa	nts Non-Motor	rist A Type	14	4 Action	15 Lo	cation	1	6 Cond	lition	17	□·	lit/Ru	ın Mop	ed
	License# St MI DOB/Age DOB/Age				F	Reg # EHJ9616 Reg Type PAN Reg State						e_MI					
	Sex_F_ Lic.	Class 99 18 18	8 Lic. Restriction		Veh Ye	Year 2020 Veh Make JEI			ke_JEE				Config	20			
1	Operator DUCHE LAUREN Endorsment Last First Middle				(Owner (Same as operator) Last First Middle									_		
1	Address 70689	NATURES WA	First	Middi		Address	S				FIISI			Mide			
	City RICHMOND State MI Zip 480625					CityStateZip											
	Insurance Company DUDEK					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									ee)		
	Vehicle Travel	Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4											
	Citation # (If Issued) Violation 1: ChSecViolation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 1									riage		
	Violatio	n 3: ChSe	ecViolat	on 4: ChSec_		Jnderri	ide/Override	2	.5 T	owed_	N 8		7		Q		
			operator and a	Il occupants involve					26 Seat	27 Safety A	28 Zirbag Air	29 30 Dag Eject	31 Trap		33 ransp.		\dashv
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Addi See Abo			Age/DOB	Sex	Pos.	System 4	Status Sw	ritch Cod	le Code	Status	Code 1	Medical Faci	lity
	ERTMER, LUC			FENNO RD	-			F		-	_ 95	-			1		\dashv
	LKINIEK, LUC	_1	N	EWTON, MA 02459				F				-	+	9	1		\dashv



Crash Narrative:

On April 9th, 2021 at approximately 14:53 hours while assigned to N491 I responded to a two car MV crash at the intersection of Centre St @ Newtonville Ave with injuries.

On my arrival with the NFD I located both vehicles. First was a 2013 Subaru station wagon impreza, ma reg

5LMZ60 with heavy front end damage. The operator was identified as Ann Maria Harle. She reported going S/B on

Centre St by Newtonville Ave when vehicle #2 suddenly stopped in front of her. She attempted to stop before

crashing into the rear of vehicle#2.

Vehicle #2 was a 2020 Jeep Cherokee, MI reg. EHJ9616 with rear end damage. Operator was identified as Lauren Duche. She reported going S/B on Centre St when a vehicle in front of he suddenly stopped due to a pedestrian crossing the street. She was then rear ended by vehicle #1. Vehicle #2 never made contact with the vehicle

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)		Address		Phone	Phone #					
Property Damage:										
Owner (Last, First, Middle)		Phone # 34-Type Description of Damaged Prope								
Truck and Bus Information: Registration # (From Vehicle Section)										
Carrier Name					Carrier Is	ssuing Authority Cod	e 35			
Address		(City	St	Zip					
US DOT#:	State Number	Issuing State ICC #: Interstate								
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Release code 42								

_	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian					
Crash Diagram:	ie: →□	1 -	2	→ ♀						
Crash Diagram:				**************************************	or	Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way	Lot			
Crash Narrative:										
in front of her after being	ng rear ended.									
Vehicle #1 was towed by To	odys Garage									
Vehicle #2 was able to dri	ive awav.									
Fallon Ambulance check out		from both web	icles but al	l adulte ei	aned nations	rafusals				
	- all parties i	TOM DOCH VEH		I duults si	- Pacienc					
Witnesses:										
Name (Last, First, Middle)		Address			Phone	2 #	Statement			
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property				
Truck and Bus Information:	Registration #		(From	Vehicle Section)						
Carrier Name			Carrier Issuing Authority Code 35							
Address			City		St	Zin				
Address							36			
US DOT #:	_ State Number		Issuing State _	ICC #:_		Interstate	30			
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38								
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Tr:	ailer Length					
Hazmat Information:			1.05 1.00							
40	41				** ** #		42			
Placard Material 1 digit	# Material N	Name		Material 4	digit #	Release code				
						-				
						04/09/20				

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)