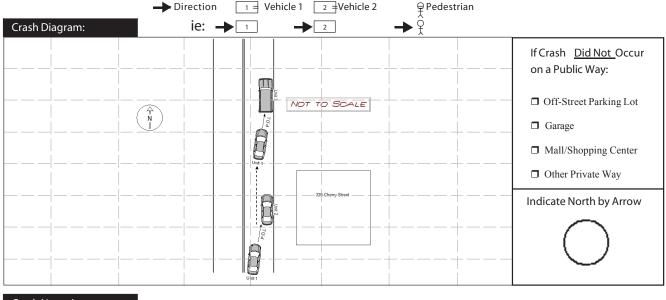
3
AT INTERSECTION:  AT INTERSECTION:    AT INTERSECTION:
Route# Direction Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Feet N S E W of Route# Intersecting Roadway/Street  Feet N S E W of Route# Intersecting Roadway/Street  Landmark    Feet N S E W of Route# Intersecting Roadway/Street
At    Feet   N   S   E   W   of   Mile Marker   Or   Exit Number
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with  Also at Intersection with  Feet N S E W of Feet N S E W of  Landmark   Wehicle 1 1 #Occupants Hit/Run Moped Case Number  License # — St MA DOB/Age — Reg # SN36CZ Reg Type PAS Reg State MA  Sex F Lic. Class D 18 Lic. Restrictions I DL Findorsment  Operator GAGNON AUDREY HANNAH BROW Address 35 LYME RD  City NEWTON State MA Zip 02465  City NEWTON State MA Zip 02465  Insurance Company PLYMOUTH ROCK ASSURANCE  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 222 222 22 22 22 22 22 22 22 22 22 2
Also at Intersection with  Feet NSEW of  Landmark   Also at Intersecting Roadway/Street  Landmark   Also at Intersecting Roadway/Street   Landmark   Also at Intersecting Roadway/Street  Landmark   Also at Intersecting Roadway/Street   Landmark   Also at Intersecting Roadway/Street  Landmark   Case Number  2100000643   License# — St MA DOB/Age — Reg # SN36CZ Reg Type PAS Reg State MA  Sex F Lic, Class D
Route# Direction Name of Intersecting Roadway/Street    St   MA   DOB/Age   Reg   SN36CZ   Reg Type   PAS   Reg State   MA
3
License# — St MA DOB/Age — Reg # SN36CZ Reg Type PAS Reg State MA  Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL Veh Year 2013 Veh Make SUBARU Veh Config. 1  Operator GAGNON AUDREY HANNAH BROW! Address 35 LYME RD  City NEWTON State MA Zip 02465 City NEWTON State MA Zip 02465  Insurance Company PLYMOUTH ROCK ASSURANCE Vehicle Action Prior to Crash I 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 22 2 22 22 22 22 22 20 4  Most Harmful Event 2 23 100000643
Sex_F Lic. Class D 18 18 Lic. Restrictions T 19 CDL Veh Year 2013 Veh Make SUBARU Veh Config. T 20  Operator GAGNON AUDREY HANNAH BROW: Address 35 LYME RD  City NEWTON State MA Zip 02465 City NEWTON State MA Zip 02465  Insurance Company PLYMOUTH ROCK ASSURANCE Vehicle Action Prior to Crash T 21 Damaged Area Code: (Circle Up to Three)  Veh Year 2013 Veh Make SUBARU Veh Config. T 20  Owner GAGNON CHAD  Address 35 LYME RD  City NEWTON State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  State MA Zip 02465  Vehicle Action Prior to Crash T 21  Owner GAGNON CHAD  Address 35 LYME RD  Most Harmful Event 2 222 22 22 22 22 22 22 22 22 22 22 22
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Address 35 LYME RD  City NEWTON State MA Zip 02465  Insurance Company PLYMOUTH ROCK ASSURANCE  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Most Harmful Event 2 23  Most Harmful Event 2 23  Middle  Last First Middle  Address 35 LYME RD  Address 35 LYME RD  City NEWTON State MA Zip 02465  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 22 22 22 22 22 22 22 22 22 22 22
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Insurance Company PLYMOUTH ROCK ASSURANCE  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Most Harmful Event 2 23  Most Harmful Event 2 23  Damaged Area Code: (Circle Up to Three)  Event Sequence 2 22 2 22 22  10 Undercarriage
Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 2 22 2 22 22 22 22 22 20 10 Undercarriage Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled
Citation # (If Issued) Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled
1 (1) —   9   5 11 Totaled
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 21 24
Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Switch Code Code Status (Code Medical Facility)
Name (tast first windle)         Address         Age/DOB         Sec. 168.         System plants which code code status windle           Operator         See Above
Please Select One of the Following: X Vehicle 2 0_#Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped
License# St DOB/Age Reg# 4108DR Reg Type PAN Reg State MA
Sex Lic. Class
8 Operator Operator Owner PETROPULOS ELECTRA  Last First Middle Last First Middle
Address Address Address Address
City State Zip City AMHERST State MA Zip 01002
Insurance Company PLYMOUTH ROCK ASSURANCE  Vehicle Action Prior to Crash  11 21 Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash  12 22 22 22 22 23 3 4
Vehicle Travel Direction: Kesponding to Emergency? Event Sequence 2 10 Undercarriage
Citation # (If issued)   Most Harmful Event   2   1   4   9   5   11 Totaled
Violation 1: ChSec Violation 2: ChSec Driver Contributing Code  Violation 3: ChSec Violation 4: ChSec Underride/Override  Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved  Please fill out for operator and all occupants involved  Please fill out for operator and all occupants involved  Please fill out for operator and all occupants involved  Seat Safety Airbag Airbag Eject Trap Injury Transp.
Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above

Police Date of Crash	ce Use Only Time of Crash		Commonwe				etts	Number		RMV Do Limit <u>25</u>		t Number		
08/28/2021	22:03	NEWTON	MIOLOI		icle Cra Panart	l v	ehicles	Injured	Latitud	e		tate Police ocal Police IBTA Police		
	24HR	RSECTION:	P(	LOCAT	Report	>	3	0 NOT	Longit	NTERS		ther:		
	ALINIE	RSECTION:		LUCAI	ION -			NOI	AIII	VIERS	EC I	ION:		
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					Feet N	SEW	of	Route#	Inte	ersecting I	Roadwa	y/Street		
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XVehicle 3	#Occupants	Hit/Run	Moped Case	e Number		2100	000643							
License#		St	DOB/Age	D # 5	i45XX5			D T	- PAN	F	C4-4	- MA		
Sex Lic. (	18 1		19 CDL		ar_2016							20		
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			Zip		EWTON					State MA	Zip	02465		
			Y AND CASUALTY IN		Action Prior to	Crash	11 21	Da	maged A	Area Cod	e: (Circ	le Up to Three		
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Violation	1: ChSe	c Violation 2:	ChSec	Driver	Contributing Co		24	24				T Tourieu		
Violation	3: ChSe	c Violation 4:	ChSec	Underr	ide/Override	25	Towed				6			
Please f Name (Last Firs		ator and all occupa	nts involved Address		Age/DOB	Sex Pos.	Safety A System	28 29 irbag Airbag Status Switch	30 Eject T Code	31 32 rap Injury ode Status	33 Transp. Code	Medical Facility		
Operator			See Above				-							
Please Select O of the Followir	Vehicle	e#Occupants	Non-Motorist A T	Type 1	Action 1	5 Locatio	on 1	6 Condit	ion	17	Hit/Ru	In Mope		
License#	License#StDOB/Age			_ Reg#_	Reg#				Reg Type Reg State					
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Operator/	Non-Motorist		See Above				-							



## Crash Narrative:

Operator of MV 1 was traveling northbound on Cherry Street when she struck a parked vehicle MV2 and then struck an additional parked vehicle MV3. Both MV2 and MV3 were unoccupied. Operator of MV1 states she was on her way home from getting ice cream and does not know how the accident occurred. Operator of MV1 states she does not remember anything happening prior to the accident. A bystander who wishes to remain anonymous states that when the operator of MV1 got out of the vehicle she stated that she thought she had fallen asleep. Operator of MV1 was evaluated due to airbag deployment and her father signed a AMA refusal, stating they would take her on their own to the hospital. MV1 and MV2 towed from the scene by Tody's, owner of MV3 was able to be move MV3 into driveway.

Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:				,					
Owner (Last, First, Middle)	Phone # 34-Type Desc				cription of Damaged Property				
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35	
Carrier Name						Carrier Issu	ing Authority Coc		
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gross	s Vehicle Weight	38				39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Lei				
Hazmat Information:									
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit#_		Release code	42	

ALLAN L CICCONE, III Newton Police DEPARTA
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date