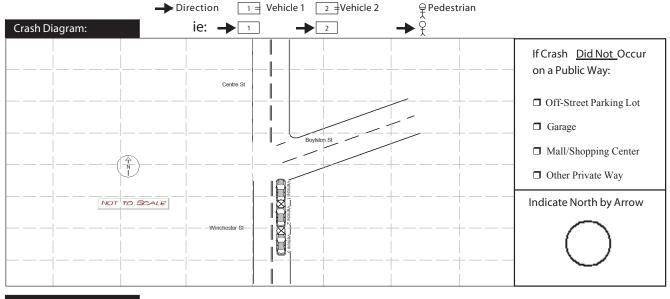
	Poli	ice Use Only		Commonwe	ealth (of Massa	achu	setts	\$		RM	V Docun	nent Number	
	Date of Crash 09/16/2021	Time of Crash 15:27	City/To NEWTON	MIOLO		nicle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	Ä
		24HR				Report		3	1		ngitude_		Other:	_
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	Т АТ	INT	ERSEC	CTION:	2
		CENTR	RE ST											
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street At		Route# Direction	on Ado	dress #		N	ame of I	Roadway	/Street	2
	NOR	TH WINCH	HESTER ST	A		Feet [N S E	W of		e Marker	•	or	Exit Number	_
	Route# Direc	ction N		ng Roadway/Street		Feet 1	N S E	W of	IVIII	e Marker			Exit Number	_
			Also at Inte	rsection with				_	Rout	te#	Intersec	ting Roa	dway/Street	- 11
2 2	Route# Direc	tion	Name of Inters	ecting Roadway/Street		Feet	N S E	of of			т.	. 11-		2
3	[N]										La	ndmark		_
	A Vehicle1	#Occupants	Hit/Run	☐ Moped Cas	se Number	•	21	00000715						_
	License#	18 1	St M	OB/Age	_ Reg#	727BPK			Reg	Гуре_РА	N	Reg	State MA 20	_
	Sex_F Lic.	Class D 16 1	Lic. Restrictio		_ Veh Y	ear_2018	Veh	Make_A	UDI			Veh Co	nfig. 1	
⁴ 2	Operator REE	ED Last	JENNIFER First	Middle		REED Las		JEFFR	EY First			Middle		- 1
	Address 1314	WALNUT ST				ess1314 WALNU	JT ST							- -
	City NEWTO	N	S	ate MA Zip 02461	_ City_	NEWTON					State	MA	Zip <u>02461</u>	_
	Insurance Com	npany_COMMER	CE INSURANC	E	_ Vehic	le Action Prior to	Crash	2	21	_	ed Area	Code: (0	Circle Up to Thre	ee)
5 1	Vehicle Travel	Direction:	S E W Res	ponding to Emergency?_N_	_ Event	Event Sequence 1 22 22 22 22 3 4								
	Citation # (If I	ssued)			Most	Harmful Event [1 23			1 📥	9	$ \cdot $	10 Undercarr 11 Totaled	riage
(Violation	1: ChSec	c Violatio	n 2: ChSec	Driver Contributing Code 1 24 24									
⁶ 1	Violation	3: ChSec	e Violatio	n 4: ChSec	Under	rride/Override	25	Towe	d N	8	/		6	
	Please to Name (Last Fir		ator and all occi	ipants involved		Age/DOB		26 27 eat Safety os. System	28 Airbag A Status S	29 Eje witch Coo	0 31 ct Trap de Code	32 Injury Tra Status Co	33 ansp. ode Medical Facili	$_{\rm ity}$ 1^{13}
	Operator	·		See Above				1	4	4 0	0	8 2	BETH ISRAEL	
7	Please Select C	One w					15		16		17			
3	of the Followi		2 <u>1</u> #Occupar	nts Non-Motorist A T	Гуре	Action	Loca	tion	Co	ndition		Hi	t/Run Mop	ed
	License#		St_M		Reg # 539JT6 Reg Type PAN Reg State						State MA 20	_		
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⁸ 2	Operator TRA	Last	LIEN-ANH First	Middle		LIEN Las	it	WEI	First			Middle		_
	Address 105 C	DLDHAM RD			_ Addre	105 OLDHA	M RD.							_
	City NEWTO	N	S	ate MA Zip 02456	City NEWTON State MA Zip 02465							Zip 02465	_	
	Insurance Com	npany_VERMON	T MUTUAL INS	SURANCE	_ Vehic	le Action Prior to	Crash	2	21	Damag	ed Area	Code: (0	Circle Up to Thre	ee)
	Vehicle Travel	Direction:	S E W	esponding to Emergency?N	_ Event	Sequence 1	22 1 22	22	22	2	3		4	
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	Violatio	n 1: ChSe	ec Violati	on 2: ChSec	Drive	r Contributing Co		24	24			\sum	J	
	Violatio	n 3: ChSe	ec Violati	on 4: ChSec	Underride/Override									
	Pl Name (Last Fi		operator and al	l occupants involved		Age/DOB	Sex I	26 27 eat Safety Pos. System	28 Airbag A n Status S	29 irbag Eje Switch Co	0 31 Ct Trap ode Code	Injury [Fra	33 ansp. code Medical Faci	lity
		Non-Motorist		See Above				1		4 0	0	10 1		,
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	ce Use Only		Common									nt Number	
Date of Crash 09/16/2021	Time of Crash 15:27	City/To	wn Mo		icle Cra	ish N		Number Injured	Latitud	de	25 S	State Police Local Police MBTA Police	XI XI
	24HR			Police 1			3	1	Longit		(Other:	_
	ATINTER	RSECTION:	<	LOCA	TION	>		NOT	ATI	NTEI	RSECT	IION:	
Route# Direct	tion		Roadway/Street At		Route# Directi	on Addre	ess#		Name	e of Roa	adway/St	reet	
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		Also at litter	section with		_	N S E W	' -	Route#	Int	ersectin	ng Roadw	ay/Street	_
Route# Direct	tion	Name of Interse	cting Roadway/Street		1 cct		-			Landı	mark		
X Vehicle 3	1 #Occupants	☐ Hit/Run	Moped	C N 1		24.00	000545						П
Venicies				Case Number			000715						
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Sex_F Lic. (•	Lic. Restriction	Endorsmer	nt	ear_2002		lake_SUB	ARU		V	eh Confi	g. 1	
Operator SEP		First	Middle		(Same as ope						Middle		-
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City NEWTON			ate_MA Zip_02461_				21					cle Up to Thi	
1	pany GEICO GE		1 E		le Action Prior t	o Crash	1	<u>122</u> 2	mageu i	3	ode: (Cir.	•	100)
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Name (Last Firs			Address See Above		Age/DOB	Sex Pos.	System St	atus Switch		Code Sta	atus Code	Medical Facil	ility
Operator			See Above				- 1 4	4	0	0 1	0 1		
Please Select C of the Followir	Vehicle	e# Occupant	ts Non-Motorist	A Type	14 Action	15 Locatio	n 16	Condit	ion	17	Hit/R	Run Mor	ped
				- "									
License #	18 1		19								_	20	-
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City State Zip Insurance Company					Domograd Area Code: (Circle Un to Three)								
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Ple Name (Last Fir		operator and all	Address See Above		Age/DOB	Sex Pos	. System S	Status Switc	h Code	Code S	tatus Code	Medical Fac	cility
Ple Name (Last Fir	rst Middle)	operator and all	Address			Sex Pos	. System S	Status Swite	h Code	Code S	tatus Code	Medical Fac	cility
Ple Name (Last Fir	rst Middle)	operator and all	Address			Sex Pos	. System S	Status Swite	h Code	Code S	tatus Code	Medical Fac	cility



Crash Narrative:

Upon arrival, I observed three vehicles in a row off to the shoulder of Winchester St facing Northbound, just prior to the Boylston St (Route 9) Westbound off ramp. I observed rear end damage to vehicle 1,

Massachusetts Registration: 727BPK, a 2018 Audi A4. There was front and rear end damage to vehicle 2,

Massachusetts Registration: 539JT6, a 2011 BMW X5. Vehicle 3, Massachusetts Registration: 44SG43, a 2002

Subaru Legacy had heavy front end damage.

Operator 1, Jennifer Reed, stated she was driving Northbound on Winchester St heading towards Centre St. She stated there was a large "landscaping truck" that was turning to get onto the Route 9 Eastbound ramp and she drove right to attempt to go around the vehicle. Operator 1 states when she went around the truck, she had to abruptly stop because another vehicle came off the Route 9 Westbound off ramp and cut across the

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
LEARY, ALLISON,		192 CHAPEL S NEWTON,MA						N
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged 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 L	ength		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42

ROBERT DRAGONE			NEWTON POLICE DEPARTM		09/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

⊣	Direction	1 = Vehicle 1	2 =Vehicle 2	₽Pedestr	ian	
Crash Diagram:	ie: →□	1	2	₽ ĝ		
						ash <u>Did Not</u> Occur Public Way:
		_				ff-Street Parking Lot
						arage
į į		į į	į	į		fall/Shopping Center
	- — — — — —	_				ther Private Way
	- – – – –	-			Indic	ate North by Arrow
Crash Narrative:	tated as she	was stopped,	she was rear	ended.		
Operator 2, Lien-Anh Tran	lien, stated	she was drivi	ng Northbound	on Winche	ster St heading	towards Centre St
when she stopped directly	behind vehicle	e 1. Operator	2 stated she	was rear	ended by vehicl	e 3 causing her to
then rear end vehicle 1.						
Operator 3, Jo Sephus, sta	ted she was d	riving Northbo	ound on Winche	ster St.	She stated she	collided into
vehicle 2, which then cause	ed vehicle 2	to collide in	to vehicle 1.	Operator	3 stated she di	d not have enough
time to stop.						
A witness, Allison Leary,	stated she say	w vehicle 1 to	ırn to go arou	nd the la	ndscaping truck	, and abruptly
stop. She stated vehicle 2	stopped dire	ctly behind ve	ehicle 1 and ve	ehicle 3	"barreled" into	vehicle 2 who then
(Continued or	n next page)					
Witnesses:		1				16
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:				,		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Truck and Bus Information:	Registration # _		(From Veh	nicle Section)		25
Carrier Name					Carrier Issui	ng Authority Code
Address			City		St	 Zip
US DOT #:	State Number		Issuing State	ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material	Name		_ Material 4 o	ligit #	Release code 42
			NEWT			09/16/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	▶ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
					— — on a P	h <u>Did Not</u> Occur ublic Way:
						-Street Parking Lot
						age
	 					ll/Shopping Center
					☐ Oth	er Private Way
					Indicat	e North by Arrow
	 			+ +		
Crash Narrative:						
collided into vehicle 1.						
Operator 1 was transported	to Beth Israel	-Needham Ho	spital by Fal	lon Medics,	and her husband	d, Jeffrey Reed
took possession of her veh	icle. Operator	2 and 3 s	igned patient	refusals.	Vehicle 2 was s	cill operable and
vehicle 3 was towed by Tod	y's Towing.					
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Traine (2004) 1104) made)		7.00.03				Satement
Property Damage:	1		T-1 ::			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	1 Property
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing	35 Authority Code
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:		Interstate 36
37	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	Material Na	ame		Material 4 di	igit # F	telease code 42
ROBERT DRAGONE				WTON POLICE DEPARTM		09/16/2021
Police Officer Name (Please Print)	Signature			Department	Precinct/Barrack	

CDP1 11 ·24·00