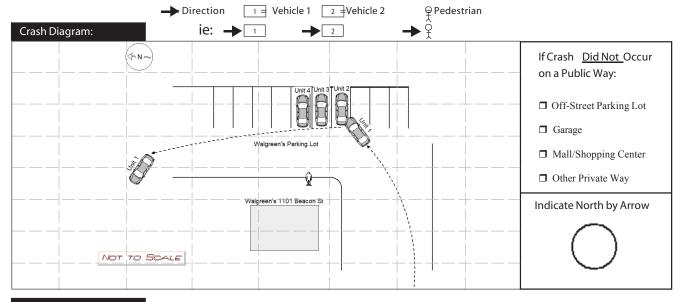
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1	Operator	Last	First	Endorsment		BAYANILLA Las	t	LU	Fi	rst	A	Middl	e	_
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Operator  See Above  Please Select One of the Following:  License#  St DOB/Age Reg # 2TRY24  Sex Lic. Class I8 18 Lic. Restrictions I9 CDL Endorsment  Operator  Address  Operator  Address  City State Zip City IBERTYVILLE  City State Zip City LIBERTYVILLE  City LIBE	Violation	3: ChSe	c Violation 4:	ChSec	Underri	de/Override	25	Tower	1 <u>Y</u> 8			6	
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Operator/Non-Motorist See Above	Name (Last Fi	rst Middle)		Address				eat Safety A os. System	Airbag Airbag Status Swite	g Eject Tr ch Code C	ap Injury Tode Status	ransp.	Facility
	Operator/	Non-Motorist		See Above									



## Crash Narrative:

On 10/7/21 at about 1145am I was dispatched to 1101 Beacon St the Walgreen's parking lot for an MVA with injuries. On arrival, I observed 3 parked unoccupied MVs heavily damaged that were smashed into each other. I was approached by one of the MV owners, Tony Dooley. Mr Dooley stated he was walking out of the Walgreen's front door heading to his parked MV (#3) which was approximately <30 feet away. His attention was suddenly drawn to a speeding MV (MA reg 3MKH84) driving through the lot that veered right and smashed into the 3 cars. Mr Dooley's MV was the middle car smashed between the other 2. The female operator briefly stopped afterwards and pulled into an adjacent parking spot at a crooked angle. I approached the female operator who was being taken out of her car and placed onto the stretcher by medics for transport. Female operator was identified as Ms Norma Greenberg. I asked her what happened? She replied in a bewildered manner

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration #\_\_\_\_\_(From Vehicle Section) 35 Carrier Name \_ \_\_\_ Carrier Issuing Authority Code Address\_ US DOT #: \_\_\_ State Number \_\_\_\_ Issuing State \_\_\_\_ ICC #:\_\_\_ Cargo Body Type Code Gross Vehicle Weight Reg Type\_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year\_\_\_\_ Trailer Length Trailer Reg #: Hazmat Information: Material Name\_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code Placard Material 1 digit #

ADAM D GABRIEL		25117	NEWTON POLICE DEPARTM		10/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Crash Diagram:	→ Direction [ie: →	1 = Vehicle 1	icle 2 ♀ Pedestr	ian
				If Crash <u>Did Not</u> Occur on a Public Way:
				Garage  Mall/Shopping Center  Other Private Way
				Indicate North by Arrow
Crash Narrative:	ed her if she wa	as taking any medica	ations today and s	ne replied yes, to treat a spinal

"I have no idea." I asked her if she was taking any medications today and she replied yes, to treat a spinal condition she has. Ms Greenberg had lacerations on her legs and arm with heavy bleeding as a result of the impact.Ms Greenberg's vehicle (#1) was towed with significant front damage and airbag deployment. MV#2, the first car struck on impact, was towed with very heavy passenger side, rear end damage and driver's side damage. MV#3, the middle vehicle, was towed with significant passenger side damage, flat tire and driver's side damage. MV#4, sustained significant passenger side damage which was able to be driven from the scene.

Based on observations and statements, it appeared Ms Greenberg had suddenly dangerously accelerated through a congested parking lot causing heavy damage. Ms Greenberg's driving history shows surchargable accidents from 7/1/21, 11/1/20, 8/25/15 and 12/26/10. Due to Ms Greenberg's inability to recall how or what happened, I am

(Continued on next page)

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

-	Direction 1	∃ Vehicle 1 2	_≠Vehicle 2	₹ Pedestria	n	
Crash Diagram:	ie: 🕕 🛚 1	2	_	<b>₽</b> ♀		
Crash Diagram:		_	_		If Crash on a Pu Off-S Garag	Did Not_Occur blic Way:  Street Parking Lot ge Shopping Center r Private Way  North by Arrow
seeking an Immediate Three	at application d	lue to and no	t limited to	medical rea	asons to suspend	Ms Greenberg's
license through the RMV.						
Witnesses:		1			1 21 "	le:
Name (Last, First, Middle)		Address			Phone #	Statement
2						
Property Damage:	1		DI "	24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type [	Description of Damaged I	Property
Truck and Bus Information:	Registration #		(From V	ehicle Section)		35
Carrier Name					Carrier Issuing	Authority Code
Address			City		St	Zip
US DOT#:	State Number		Issuing State	ICC#:	I	nterstate 36
27		38				
Cargo Body Type Code Gro	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trail	er Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Na	ame		Material 4 dis	git#Re	lease code 42
ADAM D GABRIEL  Police Officer Name (Please Print)	Signature	25117		VTON POLICE DEPARTM	Precinct/Barracks	10/07/2021 Date
	Nignature		U U B3000 E	epartment	rrecinci/Barracks	1 1910