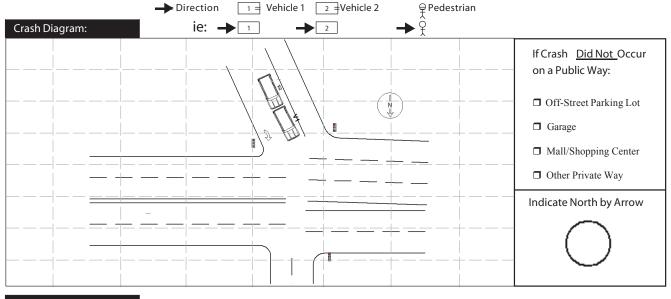
	Poli	ce Use Only		Comi	nonwea	lth o	of Massa	ach	use	etts		[		RMV	/ Doc	umen	ıt Number	
	Date of Crash 02/13/2022	Time of Crash 17:30	City/ NEWTON	Γown	Motor	Veh	icle Cra	sh		mber		- 1		l Limit		SL	tate Police ocal Police IBTA Police	<u> </u>
	02/13/2022	17:30 24HR					Report		2		1			itude_			IBTA Police other:	
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION						ION:	_				
	NOR'	TH BEACC	ON ST															
$\mathbf{\overset{1}{4}}$	Route# Direction Name of Roadway/Street  At						Route# Direction Address # Name of Roadway/Street											
	16 EAST	WASH	INGTON ST			Feet NSEW of or Exit Number								-				
	Route# Direc	tion N		ting Roadway/Statersection with	reet	t	Feet 1	N S I	E W	of								$\neg$
2			Also at III	ersection with							Roi	ite#	In	tersect	ting R	oadwa	y/Street	·
4	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of										_ -	
3	X Vehicle 1	2 #Occupants	oed Case	Number			22000	1/12				Lan	IGIIIaii			ヿ		
					Cuse													4
	License#	18 1	St_	19			6XY435										20	-
		Class D	Lic. Restrict		DL		ear_2014		eh Ma	ike_HC	OND	<b>A</b>			Veh (	Config	g. 2	
<sup>4</sup> <sub>3</sub>	Operator CHI	Last	SYLVIA First		Middle	Owner	(Same as oper	rator)			Firs				Mid	ldle		-
	Address 30 SH					Addres	SS											-
	City NEWTON	N		State MA Zip	02462	City State Zip								-				
	Insurance Com	pany_LIBERTY	MUTUAL			Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)									ee)			
5 <b>1</b>	Vehicle Travel	Direction:	S E W R	esponding to Em	ergency?N	Event	Sequence 1 2	22	22	22	22	2		3	$\overline{}$	4		
	Citation # (If Is	ssued)				Most I	Harmful Event	1 2	23			14	_	9		ച	10 Undercarri	iage
	Violation	1: ChSec	c Violati	on 2: Ch	Sec	Driver Contributing Code 1 24 24 1 9 11 Totaled												
<sup>6</sup> 3	Violation	3: ChSec	c Violati	on 4: Ch	Sec	Underride/Override 25 Towed N 8 7 6												
	Please f	fill out for opera	ator and all oc	cupants involve	ed							29 Airbag	30 Eject Code	31 Trap Code	32 Injury	33 Transp.		_
	Name (Last First Operator	st Middle)		Se	Address e Above		Age/DOB	Sex	Pos.	\$ystem	Status 5	Switch 99	Code	Code 0	Status 10	Code 1	Medical Facili	ty
	*	N 1/		30 SHERRIN RD				F	6						0		NWH	
	CHIN, ASHLE	Y, K		NEWTON, MA	)2462			r	6	99	4	99	0	0	9	2	NVVII	
<sup>7</sup> <b>2</b>	Please Select O		2 <u>3</u> #Occup	ants Non-I	Motorist A Тур	pe 1	Action 1	15 Lo	cation	1	16 C	onditio	on [	17		Hit/Ru	un Mop	ed
	License#		St	MA DOB/Ag	re	Reg#	666RX3				Reo	Туре	PAN		R <sub>f</sub>	eo Stat	te_MA	
	Sex_F Lic. (	Tlass D 18 1	Lic. Restrict	19	CDL	Veh Year 2015 Veh Make HON								20				
8	Operator BUT		SHAINA	0110	ndorsment	Owner (Same as operator)												
<sup>8</sup> <b>3</b>		Last OARTMOUTH S	First ST (apt. 809)		Middle	Last First Middle									-			
	City BOSTON			State MA Zip	02116	City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								-				
				StateZip	02110									-				
	Insurance Company COMMERCE INS  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec						e Action Prior to			1 22	22	2	.mgcu	3	Jour.	4	op to riffe	,
							Event Sequence 1 1 1								iage			
							Most Harmful Event 1 9 5 11 Totaled											
	Violation	n 1: ChSe	Driver Contributing Code 11															
,	Violation			tion 4: Ch	_Sec	Underride/Override Towed N					1							
	Plo Name (Last Fi	ease fill out for	operator and	all occupants in	ivolved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag Status	29 Airbag Switch	30 Eject Code	Trap Code	32 Injury Status	33 Transp. Code	Medical Facil	lity
	Operator/	Non-Motorist		Se	e Above					1	4	99	0	0	10	1		
	PLATT, AKAII	LE						F	6	1	4	99	0	0	10	1		
	PLATT, ANAI	I						F	4	1	4	99	0	0	10	1		



## Crash Narrative:

I responded to the area of Beacon St.@Washington St. for a two car MVA. I arrived in the area and observed the two vehicles stopped on the eastbound side of Washington St. V1; MA Reg. 6XY435, 2014 Honda/CRV color white, V1 operator Sylvia Chin MA OLN S83835816. V1 passenger Ashley Chin was seated in the rear passenger seat. There was also a medium size dog in the rear passenger compartment. V2; MA Reg. 666RX3, 2015 Honda/SUV color white, V2 operator Shaina Butler MA OLN S38029127. passengers were two minor children (operator's daughters), AKaile Platt 9 y.o. and Anaii Platt 6 y.o.

The V1 passenger was evaluated by EMS for a possible back injury. She was transported to Newton Wellesley
Hospital by ambulance. V1 operator was concerned about her dog possibly having an injury. The dog appeared
to be uninjured. She was advised to have the dog checked by a Vet when possible. Neither MV had airbag

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	Add	dress				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	of Damag	ged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)	(	Carrier Issu	ing Authority Co	35 de
								de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	de
Carrier NameAddressUS DOT #:	State Number		City Issuing State	ICC#:_		St	Zip	de
Carrier Name  Address US DOT #: Cargo Body Type Code 37 Gro	State Number		City Issuing State	ICC#:_		St	Zip	de
Carrier NameAddressUS DOT #: Gro Trailer Reg #: Gro	State Numberss Vehicle Weight Reg Type	Reg State	City Issuing State	ICC#:_ Tr	ailer Length	St	Zip Interstate	de

DANIEL S SULLIVAN		NEWTON POLICE DEPARTA	02/13/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

•	→ Direction	1 =	Vehicle 1	2 <b>=</b> V	ehicle 2	Pedest	ian		
Crash Diagram:	ie: →[	1	-	2	-	→Ŷ			
								If Crash <u>Did Not</u> on a Public Way:	Occur
				_				☐ Off-Street Parkin	g I ot
									gLot
		_ -		_	+			☐ Garage	
		_		_				☐ Mall/Shopping C	
								☐ Other Private Wa	У
								Indicate North by A	Arrow
		— -    -		- <del> </del> -	-				
Crash Narrative:									
deployment.									
V1 was on Beacon St stopp									ded on
the snow covered road (Be								of V1.	
The two vehicles had mode	erate damage. 1	Neit	her veh	icle re	quired to	wing servi	ce.		
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Name (East, 1 list, Middle)			7 daic33					THORE #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			PI	hone #	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #			•	(From V	ehicle Section)			
Carrier Name	_					· · · · · · · · · · · · · · · · · · ·		Carrier Issuing Authority Co	de   35
Address				City	,			St Zip	
US DOT #:	State Number			Is	suing State	ICC#:		Interstate	36
27	ross Vehicle Weight		38						
			Pag Stat	0	Dag Voor	T,	oilar I anatl	39	
Trailer Reg #:  Hazmat Information:	Keg Type		reg stat		Keg rear	11	anti Lengu		
Placard 40 Material 1 digi	t # 41 Materia	ıl Nan	ne			Material 4	digit#	Release code	42
DANIEL S SULLIVAN					NE	WTON POLICE DEPART	<b>.</b>	02/13/2	2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)