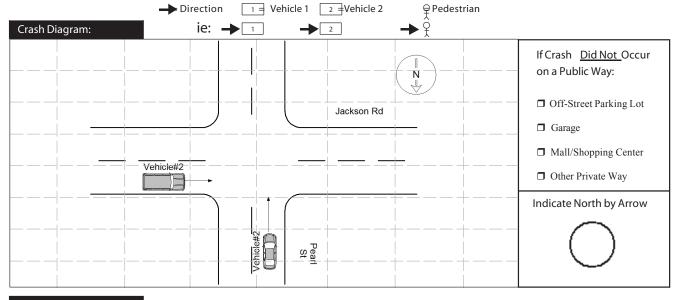
	Poli	ce Use Only		Commonwe	alth (of Mass	achu	setts	5		RM	V Docur	ment Number	
	Date of Crash 05/04/2022	Time of Crash 12:03	City/To NEWTON	MIOTOI		iicle Cra Report	sh [Number Vehicles		ed Lati	ed Limitude _		State Police Local Police MBTA Police Other:	XI D
		AT INTER	SECTION:	<	LOCA		>						CTION:	
	SOU													2
1 1	Route# Direct		Name of	Roadway/Street		Route# Direction	on Ad	dress #		Na	ame of I	Roadway	/Street	$ 2^1$
	EAST	PEARL		At		Feet	N S E	W of		'	•	or		_ 4
	Route# Direc	tion N		g Roadway/Street		Feet [N S E	w of	Mile	Marker			Exit Number	_
2			Also at Inter	section with			N S E	_	Rout	e#	Intersec	ting Roa	dway/Street	- 1
² 3	Route# Direct	tion	Name of Interse	cting Roadway/Street			N S E	01			La	ndmark		_ 3
3	X Vehicle 1	#Occupants	X Hit/Run	Moped Case	e Number		22	000369			24.	- Contract N		7
	_		St M	L Case				.000309		. DA	N		~ MA	-
	License # Sex_F Lic. 0	Class D 18 18	8	19		1XB173 ear_2016	3.71-	. M1 F0		Гуре_РА		Reg Veh Co	State MA	-
4	Operator VAC		Lic. Restriction DINA	S CDLEndorsment		CITY OF NE						_ ven Co	onlig. [1	$ 1^1$
3		Last WASHINGTON	First ST	Middle		SS 1321 WASHI			First			Middle	e	_ 1
	City NEWTO			te MA Zip 02465	-	NEWTON					State	MA	Zip -24 65	_
	Insurance Com	pany SELF INSU	JRED		Vehic	le Action Prior to	o Crash	1	21	Damage	ed Area	Code: (Circle Up to Thr	ree)
5 1	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency? N	Event	Sequence 1	22 1 22	22	22		3		4	
	Citation # (If Is	ssued)			Most	Harmful Event	1 23		(•	9		10 Undercard 5 11 Totaled	riage
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C	ode 9	99 24	24	3	$\sqrt{\frac{1}{7}}$	\sum	6	
⁶ 2				4: ChSec	Under	ride/Override		Towe	ed <u>r</u>		0 31	32		1
	Name (Last Fir		ator and all occu	Address		Age/DOB		26 27 Seat Safety Sos. System	28 Airbag A Status Sv	29 Sirbag Ejectoritch Cod	0 31 Trap Code	Injury Tra Status Co	33 ansp. ode Medical Facil	1
	Operator			See Above				1	4 4	0	0	9 2	NWH	
7														
2	Please Select C of the Followi		2 1 # Occupant	s Non-Motorist A Ty	ype	Action Action	Loca	ition	16 Cor	ndition	17	Жні	it/Run Mop	oed
	License#	18 18	St M.	A DOB/Age	_ Reg#	1JSA58			Reg	Type_PA	N	Reg	State MA	_
	Sex_F_ Lic. 0	Class D	Lic. Restriction		_	ear_2011		Make_N	IAZDA			_Veh Co		
8 1	Operator BUI	Last	MAGULI	Middle	_	LELASHVIL	st	ARCH	IL First			Middle	е	-
		ANGLEY RD (a)		MA 02450	Address 400 (apt. 202) LANGLEY RD City NEWTON State MA Zip 02459 Valuable Action Prior to Crash Damaged Area Code: (Circle Up to Thr							-		
	City NEWTO! Insurance Com		Sta	te MA Zip 02459									ree)	
			Y F W Res	enonding to Emergency?N		Sequence 1	22 22	1	22 (_	Q	,	4	
	Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) T2017025 Violation 1: Ch 90/24/Csec Violation 2: Ch Sec					Harmful Event	1 23					A	10 Undercari	riage
						Driver Contributing Code 97 24 24 5 11 Totaled								
	Violation				Underride/Override 25 Towed Y 8 7 6						6			
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB	Sex S	26 27 Seat Safety Pos. System	28 Airbag A	29 Sirbag Ejec) 31 Trap de Code		33 ansp. Code Medical Faci	ility
		Non-Motorist		See Above		Age/DOB		1		l 0	0	9 1		inty
							+							



Crash Narrative:

Operator of vehicle#1 stated that as she was travelling east bound on Pearl St closest to the intersection of Jackson Rd, she observed vehicle #2 drive Southbound on Jackson Rd, go though the intersection red light without stopping and proceed driving right in front of vehicle #1's path of travel. Operator of vehicle#1 stated that vehicle #2 actions made it impossible for her to avoid contact with vehicle #2. Operator of vehicle#1 stated that after the accident took place, Vehicle#2 then proceeded to drive away east bound on Jackson Rd without stopping. Operator of Vehicle #1 stated that she activated her cruiser blue lights and proceeded to pull into the Jackson school driveway (#150 Jackson Rd) Operator of vehicle #1 stated that she then approached the Operator of Vehicle#2 and told her that she can't leave an accident scene without trading information, to which the operator of vehicle#2 stated to her, "sorry, I'm late to pick up my kid."

(Continued on next page)

·							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	ŧ	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	le Section)	Carrier Issu	ning Authority Code	35
Carrier Ivanic					Carrier issu	ing Authority Cou	
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	Tra			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4 d	ligit #	Release code	42

	Direction 1 =	Vehicle 1 2	Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	2] →	₽ Ŷ		
					If Crash Did Not (Occur
					on a Public Way:	
					☐ Off-Street Parking	p Lot
					☐ Garage	5 200
						4
					Mall/Shopping Co	
					☐ Other Private Way	У
	— — — 				Indicate North by A	rrow
	<u> </u>		+-	+-		
Crash Narrative:						
	stated that the ope	rator of vel	hicle#2 then w	went inside	the school and then ret	rieved
	_				ted that she believed s	
of hit her head on the	steering wheel due	to the accid	dent. Operato:	r of vehicle	#1 was transported to N	ewton
Wellesley Hospital by p	paramedics for furt	her medical o	evaluation.			
Operator of Vehicle#2 a	at first stated she	did not reme	ember what hap	ppened durin	g the accident. Operat	or of
vehicle#2 then stated	that she was stoppe	d at the red	d light on Jac	ckson Rd at	Pearl St and when the 1	ight
turned green she proces	eded through the in	tersection a	nd vehicle#1 :	ran the red	light and crashed into	the side
of her vehicle. Operat	tor of vehicle#2 st	ated that she	e may have so	me leg pain	from the accident but d	id not
want to go to the hosp:	ital. I asked Oper	ator of vehic	cle #2 after	the accident	if she stopped to talk	to the
(Continue	ed on next page)					
Witnesses:		1			<u> </u>	1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:	Desir touting II		(F V.1	: 1. C (:)		
Carrier Name	Registration #			nicle Section)	Carrier Issuing Authority Cod	35 le
US DOT#:					Interstate	36
37		38	_ issuing state	ICC#	Interstate	
Cargo Body Type Code	Gross Vehicle Weight				39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year	Trailer	Length	
i iaziiiat iiiiOiiildtiOii:						

Material 4 digit #_

42

Release code

Placard

Material 1 digit #

Material Name_

_	Direction 1	Vehicle 1	2 ≢Vehicle 2	₽Pedestri	ian	
Crash Diagram:	ie: → 1	→ [2	→	· Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					☐ Off-Street Parki	ng Lot
					☐ Garage	
					□ Mall/Shopping	Center
				+	Other Private W	
		 				<u> </u>
					Indicate North by	Arrow
		<u> </u>	-			
		 		+		
Crash Narrative:						
other operator and she adm	itted that she	did not and	proceeded to g	o to the	Jackson School and retri	eve her
child. Operator of vehicl	e#2 stated that	t she was in	shock after th	e accide	nt happened and wasn't th	inking
straight, and she also sta	ted that this w	was her first	motor vehicle	crash a	nd was worried about bein	g late
picking up her child. I ob	served damage	to passenger	side doors of	vehicle	#2 and the operator of t	he
vehicle was going to wait	for a private	tow. I issued	l a MA uniform	citation	(#T2017025) to the Opera	tor
of Vehicle#2 for a crimina	l application of	of ch 90 s 24	Leaving the S	cene prop	perty damage.	
Traffic Officer Iarossi (5	35) arrived on	scene and to	ook pictures of	both in	volved vehicles and the	
(Continued o	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		35
Carrier Name					Carrier Issuing Authority Co	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:				-		
Placard 40 Material 1 digit i	# 41 Material N	ame		Material 4 d	ligit # Release code	42
SFAN MCI FAN			NEWTO	N POLICE DEPARTA	05/04	/2022

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	→ Direction 1	■ Vehicle 1	2 =Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: →□	→	2	→ ĝ		
	 				If Crash <u>Did Not</u> O	ccur
					Off-Street Parking	Lot
					Garage	
					☐ Mall/Shopping Cer	nter
					☐ Other Private Way	
					Indicate North by Ari	row
		 	 			
Crash Narrative:						
intersection. Traffic Of	ficer Iarossi a	nd I canvasse	ed the surro	unding houses	and buildings for any wi	tnesses
or video and had negative	results.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From	Vehicle Section)		25
Carrier Name					Carrier Issuing Authority Code	35
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ır Trailei	r Length 39	
Hazmat Information:						427
Placard 40 Material 1 digit	# 41 Material N	Vame		Material 4 digi	t# Release code	42
SEAN MCLEAN			I	NEWTON POLICE DEPARTM	05/04/202	22
Police Officer Name (Please Print)	Signatur	e	ID/Badge #	Department	Precinct/Barracks Date	

CDP1 11 ·24·00