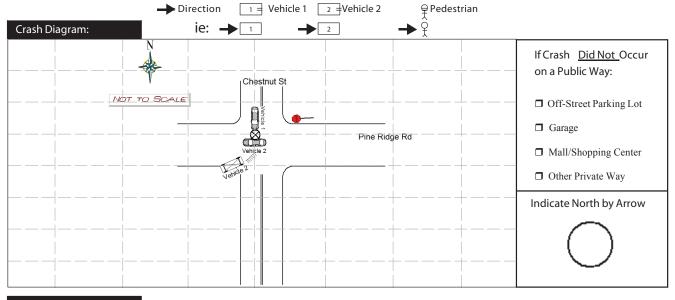
	Poli	ice Use Only		Commonw	ealth	of Mas	ssacl	huse	etts			RM	V Doc	umen	ıt Number	
	Date of Crash 06/09/2022	Time of Crash 15:43 24HR	NEWTON	141011		hicle C Report		Nu Vel 2	mber hicles	Numb Injure	d Lati	ed Limitude _		Si L N	tate Police ocal Police IBTA Police other:	N N
			RSECTION:	<		TION	>				T AT			ECT	ION:	\neg
	SOU	TH CHEST	NUT ST													2
1 1	Route# Direct			f Roadway/Street		Route# Dire	ection	Addres	s #		Na	ame of I	Roadw	ay/Stre	eet	$ 2^{1}$
_	At WEST PINE RIDGE RD Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or										
						Mile Marker Exit Num Feet N S E W of							xit Number			
			Also at Inte	rsection with						Route	#	Intersec	ting R	oadwa	y/Street	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									3	
3			Landmark									┥				
	XVehicle1	2_#Occupants	Hit/Run	☐ Moped C	ase Numbe	r		22000	508							┛
	License#	10 1	St M	A DOB/Age	Reg	IC71MF				_Reg T	ype_PA	S	R	eg Stat	te MA	
	Sex_F Lic. 0	Class D 18 M 1	Lic. Restrictio		Veh	Year_2015		Veh Ma	ke_VC	LVO			Veh	Config	g. 1	
⁴ 2	Operator BUS	SHER Last	MEREDITH First	Middle	Own	er (Same as o	Derator)		First			Mic	idle		· 1
		EAVIEW AVE				ress										
	City SWANSI			ate MA Zip 02777	City	StateZip										
-	Insurance Com	pany SAFETY II	NSURANCE		Vehi	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									e)	
5 1	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency? N	Even	t Sequence	1 22	22	22	22)	3	\overline{A}	4	10 11- 4	
	`	ssued)				Harmful Ever	nt 1	23	14		+	9			10 Undercarria 11 Totaled	age
⁶ 1]			1 2: ChSec	Drive	er Contributing	Code	1	24			<u> </u>		ر 6		
1				1 4: ChSec	Unde	erride/Override	<u> </u>		Towed	<u> </u>		0 21	1 22		1	Д,
	Name (Last Fire		ator and all occi	pants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag Air Status Sw	29 30 bag Ejec itch Code	0 31 Trap e Code	32 Injury Status	33 Transp. Code	Medical Facility	y 1
	Operator		20	See Above					1	3 4	0	0	7	2	NEWTON WELLESI	LEY HO
	RIVERA-OSORIO, PALOMA 293 SEAVIEW AVE SWANSEA, MA 02777				F 6 1 4 4 0 0 10				2	NWH W/MOTHER						
⁷ 2	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	15 I	ocation		6 Con	dition	17		Hit/Ru	un Mope	ed
	License#		St_M		Reg	Reg # <u>9LFT60</u> Reg Type <u>PAN</u> Reg S						eg Stat	te_MA			
	Sex_F Lic. 0	Class D 18 1	Lic. Restrictio		Veh	Veh Year 2021 Veh Make VOLVO Veh Config. 1					g. 20					
⁸ 2	Operator MEYER STEPHANIE Last First Middle Endorsment Middle				Own	Owner (Same as operator) Last First Middle								.		
	Address 74 PURITAN RD				Addr	Address										
	City NEWTON State MA Zip 02468					City State Zip										
	Insurance Company PLYMOUTH ROCK				Vehi	Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)							e)			
	Vehicle Travel Direction: NSEX Responding to Emergency? N					Event Sequence 1 22 43 22 22 22 2										
	Citation # (If Is	Most	Most Harmful Event 43 23 Driver Contributing Code 4 24 24 1 1 10 Undercarriage 5 11 Totaled								age					
	Violation	Drive														
	Violation	Unde	Underride/Override Towed Y 8 0 6							_						
	Plo Name (Last Fi		operator and al	l occupants involved Address		Age/DO	B Sex		27 Safety / System	28 Airbag Air Status S	29 30 bag Ejec vitch Coo) 31 Trap de Code	32 Injury Status	33 Transp. Code	Medical Facili	ty
	Operator/	Non-Motorist		See Above					1	2 4	0	1	7	2	BRIGHAM AND WO	OMEN



Crash Narrative:

On June 6th 2022, at approximately 1543hrs, I, Officer Dragone, responded in the area of Chestnut St and Beacon St for a report of a rollover motor vehicle crash. Upon arrival, vehicle 1 was parked on Chestnut St, just past the intersection at Pine Ridge Rd facing Southbound. The operator of vehicle 1 was accompanied by a juvenile passenger who was in the back seat. Vehicle 2 was rolled over onto the drivers side of the vehicle at the corner of Chestnut St and Pine Ridge Rd. There were yaw marks located in the southbound lane of Chestnut St that trailed behind vehicle 2. Inside vehicle 2, the operator was trapped inside and was not able to get out. There was heavy front end damage to vehicle 1 and heavy damage to the passenger side of vehicle 2 which was the point of impact. Both vehicles had airbag deployment.

Operator 1 stated she was experiencing neck pain and the passenger stated she did not have any injuries.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address		Phone	Phone #				
	45 HILLSIDE	AVE						
GEE , AGNES,	NEWTON,M.	A 02465			N			
Property Damage:				,				
Owner (Last, First, Middle)	Address	Phone # 34-Type Des			Description of Dama	scription of Damaged Property		
Truck and Bus Information: Carrier Name	Registration #		(From Vehic		Carrier Iss	suing Authority Coc	35 le	
Address			City		St	Zip		
US DOT #:			Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı				
Hazmat Information:								
Placard 40 Material 1 digit :	# 41 Material Nar	ne		Material 4	digit#	_ Release code	42	

-	Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →	1 -	2	Ŷ		
					If Crash on a Publ	<u>Did Not</u> Occur lic Way:
					Off-Str	eet Parking Lot
					Garage	
					□ Mall/S	hopping Center
					Other F	Private Way
					Indicate N	lorth by Arrow
		 				$\overline{}$
			i		()
Crash Narrative:						
Operator 2 was bleeding f						
extricated by Newton Fire				Newton	wellesley Hospital	and Operator 2
was transported to Brigha						
I spoke to a witness, Agno						
let vehicle 2 cross the in		om Pine Ridge	Rd. She stated	l vehicle	1 was traveling So	uthbound on
Chestnut St before the cr						
Operator 1 stated that she	e did not remem	ber anything	that happened	prior to	the crash or which	direction she
was traveling. She stated	she is not fam	niliar with th	ne area and was	traveli	ng from her job in	Brighton to her
home in Swansea, MA. Oper	ator 1 states t	the last thing	g she remembere	d follow	ing detour signs pr	ior to getting
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-			1	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pro	operty
Truck and Bus Information:	Registration #		(From Veh	cle Section)		35
Carrier Name					Carrier Issuing Au	thority Code
Address			City		St	Zip
US DOT#:	_ State Number		Issuing State	ICC #:_	Into	erstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	
Hazmat Information:					3.	
Placard 40 Material 1 digit	# 41 Material !	Name		Material 4	digit#Relea	ase code 42
ROBERT DRAGONE			NEWIC	N POLICE DEPART	1	06/09/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	Direction 1	Vehicle 1	∑ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→ [2	→	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
	_	<u> </u>			☐ Off-Street Parki	ng Lot
		 			Garage	
		į į		į	☐ Mall/Shopping (Center
				+	☐ Other Private W	ay
	- – – – –				Indicate North by	Arrow
		 		 -		
				+		
Crash Narrative:		1	1		<u> </u>	
into the crash. It should	be noted that	there are det	our signs thr	oughout (Chestnut St in between	
Commonwealth Ave and Beaco	n St.					
Operator 2 stated she was	on Pine Ridge	Rd heading We	stbound and wa	s crossir	ng over Chestnut St. She	stated
that a vehicle in traffic	let her procee	d into the in	tersection and	vehicle	1 was traveling in the S	outhbound
lane prior to colliding in	to the passeng	er side of he	er vehicle.			
Both vehicles were towed b	y Tody's Towin	g. Photograph	s from the sce	ne were t	taken to be attached to t	his
report. It is unknown if v	ehicle 2 cause	d damage to a	utility pole	located a	at the corner of Chestnut	St and
Pine Ridge Rd; however, ph	otos of the da	mage were tak	en and notific	ations we	ere made to have it asse	ssed.
Witnesses:		1				1-
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	ode
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 Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information:	41	-			[42
Placard Material 1 digit #	Material N	Name		Material 4 d	igit# Release code	
ROBERT DRAGONE			NEWTO	N POLICE DEPARTA	06/09/	/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)