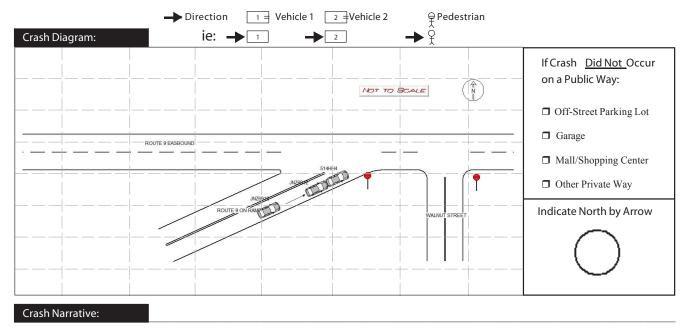
| [| Poli | ce Use Only | | Commonwea | lth o | f Massa | achi | ısett | S | | RM | V Docı | ıment | Number | |
|-----------------------|-----------------------------------|---|--|--|--|--|--------|-------------------------------|-----------------------|--------------------------|---------------------------------|------------------|----------------|---------------------------------------|----------|
| | Date of Crash 06/25/2022 | Time of Crash 15:08 | n City/T NEWTON | MIOTOI | | icle Cra | sh | Number Vehicle | | | oeed Lim atitude _ | | Sta | te Police cal Police BTA Police | <u> </u> |
| | , , | 24HR | 2 | | | Report | | 2 | 0 | | ongitude | | Otl | her: | _ |
| | | AT INTE | RSECTION: | < I | LOCAT | TION | > | | N | OT A | T INT | ERSF | ECTI | ON: | |
| | | | | | 9 | EAST | 804 | 1 | ВО | LSTON | STREE | Г | | | |
| 1 1 | Route# Direct | tion | R | Route# Direction Address # Name of Roadway/Street | | | | | | | | _ 2 | | | |
| | | | | At | - | Feet NSEW of • or | | | | | | | | F | |
| | Route# Direc | tion | Name of Intersect | Mile Marker Exit Number Feet N S E W of | | | | | | | | | - | | |
| | | | Also at Inte | ersection with | - | | | | Ro | ute# | Interse | cting Ro | adway | /Street | \perp |
| 2 1 | Route# Direct | | Name of Inters | ecting Roadway/Street | Feet NSEW of | | | | | | | | | | 2 |
| 3 | Route# Direct | tion | Name of filters | ecting Roadway/Street | Landmark | | | | | | | | | \dashv | |
| | XVehicle1 | #Occupants | s Hit/Rur | Moped Case I | Number | | 22 | 2000564 | | | | | | | |
| | License# | | St_N | IA DOB/Age | Reg#5 | 514HH4 | | | Reg | g Type_P | AN | Re | g State | MA | |
| | Sex_F Lic. 0 | Class D 18 | Lic. Restriction | ns B 19 CDL | Veh Ye | ar_2008 | Vel | h Make | BMW | | | Veh C | | 20 | |
| 4 | Operator BRC | | SARAH | Endorsment ANN | | | | KEV | | | M | | | | 1 |
| 2 | | Last RENTON ST (a) | pt. PH2) | Middle | | S 13 (apt. PH2) | TRENT | TON ST | Firs | t | | Midd | lle | | - |
| | City CHARLE | | | tate MA Zip 02129 | | HARLESTOW | | | | | State | MA | Zip 0 | 2129 | |
| | Insurance Com | pany COMMEI | RCE INSURANC | E | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | () |
| 5 | Vehicle Travel | Direction: N | S W W Res | ponding to Emergency? N | Event S | Sequence 1 | 22 22 | | 22 | 2 | 3 | | 4 | | |
| 1 | Citation # (If Is | | 1 1-4 | | Most H | armful Event | 1 23 | | | | | | | 0 Undercarria | ge |
| | Violation | 1: ChSe | ecViolatio | n 2: ChSec | Driver | ا Contributing Co | | 1 24 | 24 | | • 9 | |) 3 1 | 1 Totaled | |
| ⁶ 1 | Violation | 3: ChSe | ec Violatio | n 4: ChSec | Underride/Override 25 Towed N 8 7 0 | | | | | | | | | | |
| | | Please fill out for operator and all occupants involved | | | | | T I | 26 2 Seat Safe | | 29 Airbag E | 30 31 ject Trap | 32 Injury | 33 ransp. | | 1 |
| | Name (Last Fire Operator | st Middle) | | Address See Above | | Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fi | | | | | | Medical Facility | $-\frac{1}{2}$ | | |
| | 1 | | | | | | | | 1 | | | 10 | 1 | | \dashv |
| | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ⁷ 5 | Please Select C of the Followi | I A Venici | le2 <u>1</u> #Occupa | nts Non-Motorist A Typ | pe 14 | Action 1 | Loca | ation | 16 C | ondition | 17 | □ ŀ | lit/Rur | п Море | d |
| | | | | ^ | | N7(012 | | | | | ANI | | | ND/ | 4 |
| | License# | 18 | St C | 19 | _ | eg # JNZ6912 Reg Type PAN Reg State NY 200 100 100 100 100 100 100 10 | | | | | | 20 | | | |
| 0 | Sex_M Lic. 0 | | | Veh Year 2011 Veh Make HONDA Veh Config. 1 | | | | | | | | | | | |
| 8 1 | Operator REF | Last | ETHYN First | Endorsment ANTAEUS Middle | | (Same as ope | rator) | | Firs | t | | Midd | lle | | |
| | | CADEMY AVE | Address | | | | | | | | | | | | |
| | City PROVID | | CityStateZip | | | | | | | | | | | | |
| | Insurance Com | pany NONE | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | |) | | | |
| | Vehicle Travel | _ | Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2 | | | | | | | ge | | | | | |
| | ` | ssued) T304494 | Most Harmful Event 1 20 4 9 5 11 Totaled | | | | | | | | | | | | |
| | | n 1: Ch 90/23 S | Driver Contributing Code 19 | | | | | | | | | | | | |
| , | | | | on 4: ChSec | Underri | ide/Override | | Tow | ed Y | | 30 21 | 22 | | | _ |
| | Plo Name (Last Fi | | r operator and a | ll occupants involved Address | | Age/DOB | | 26 2 Seat Safe Pos. Sys | y Airbag tem Statu | 29 Airbag E Switch | 30 31 ject Trap Code Code | | ransp. Code | Medical Facilit | y |
| | Operator/ | Non-Motorist | | See Above | | | | 1 | 4 | 4 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | - |



On Saturday 06/25/22 at approximately 1508 hours while assigned to patrol sector n498 operating marked unit n503 I was dispatched to the area of Rt 9 Eastbound and Walnut Street (Both public ways in the City of Newton) for a report of a 2 car motor vehicle crash.

Upon arrival I spoke with the operator, (BROWNE Sarah Ann) of MV#1 (MA REG 514HH4) who states that she was stopped at the stop sign at the intersection of Rt 9 Eastbound. She was attempting to enter Rt 9 Eastbound waiting for traffic to clear when she was struck in the rear by motor vehicle#2.

After speaking with BROWNE I spoke with the operator, (REED Ethyn) of MV#2, (NY REG JNZ6912) who states he was behind MV#1 also attempting to get on to Rt 9 Eastbound. He states he saw MV#1 pull forward and at that point he looked over his left shoulder to see if traffic was clear. He saw a clearing and began

(Continued on next page)

| Address Phone # Statement |
|--|
| |
| |
| |
| Phone # 34-Type Description of Damaged Property |
| |
| |
| (From Vehicle Section) Carrier Issuing Authority Code |
| City St Zip |
| Issuing State ICC #: Interstate 36 |
| 38 |
| Reg State Reg Year Trailer Length |
| |
| Name Material 4 digit # Release code 42 |
| Carrier Issuing Authority Code City St Zip Issuing State ICC#: Interstate Reg State Reg Year Trailer Length |

| - | → Direction | 1 = Vehicle 1 | 2 ≢Vehicle 2 | ♀ Pedestrian | 1 | |
|-----------------------------|--------------------|----------------|----------------|---------------------|---|-----------|
| Crash Diagram: | ie: →□ | 1 - | 2 | ▶ ♀ | | |
| | _ | | | | If Crash <u>Did Not</u> on a Public Way: | Occur |
| | | | | | Off-Street Parkin | g Lot |
| | | | | | Garage | |
| | j | | | į | ☐ Mall/Shopping C | enter |
| | _ | _ | | | ☐ Other Private Wa | y |
| | | - | | + | Indicate North by A | Arrow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| to accelerate forward not | t realizing th | at MV#1 had no | ot yet entered | traffic, s | triking MV#1 in the rear | : |
| While on scene REED gave m | me registratio | n papers that | were not matc | hing his ve | hicle, therefore, I quer | eied the |
| license plate, REED's driv | vers license a | nd VIN number | r. REED's lic | ense plate, | (NY REG JNZ6912) came | |
| back to a 1999 Brown Toyot | ta Camry, howe | ver this licer | nse plate was | attached to | a 2011 White Honda Civi | .c |
| belonging to Luis Rios. S | Subsequently I | queried the V | 7in number on | the vehicle | (2HGFA1F88BH525771) Whi | .ch |
| came back to the vehicle of | on scene, a 20 | 11 White Honda | a Civic owned | by REED wit | h a suspended registrati | on due |
| to invalid proof of insura | ance. Finally | I queried REF | ED's Californi | a Drivers L | icense (Y2616596) which | |
| came back as EXPIRED with | a status of " | Withdrawn Pend | ding PDPS Clea | rance". | | |
| While I was conducting the | e investigation | n Tody's was e | en route to to | w the vehic | le. Due to the damage f | rom the |
| (Continued o | on next page) | | | | | |
| Witnesses: | | | | | DI " | <u></u> |
| 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: | D 1 1 1 1 | | | .1 0 .:) | | |
| Carrier Name | | | * | nicle Section) | Carrier Issuing Authority Co | 35 de |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | 38 | | | 39 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | r Length | |
| Hazmat Information: | 41 | | | | | 42 |
| Placard Material 1 digit | # Material | Name | | _ Material 4 digi | it# Release code | 72 |

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

06/25/2022

Date

Precinct/Barracks

ALAN JR RICHARD SOLOMAN.

Police Officer Name (Please Print)

| → | Direction | 1 = | Vehicle | 1 2 | ₹Vehicle 2 | ₽Pedest | rian | | |
|-------------------------------|------------------|--------|---------|-------|-----------------|------------------|------------------|---|-----------|
| Crash Diagram: | ie: → | 1 | | 2 | | → ♀ | | | |
| | | | | | | | | If Crash <u>Did Not</u> on a Public Way: | Occur |
| | | | | | | | Ĺ | ☐ Off-Street Parkin | ig Lot |
| | | | | | | | | Garage | |
| | | İ | | | | | | ☐ Mall/Shopping C | Center |
| | | - | | | | | | — ☐ Other Private Wa | |
| | | _ | | + | | | | | |
| | | | | | | | | Indicate North by | Arrow |
| | | - | | | | | | | |
| | | - | | - + | | | | | |
| | | | | | | | | | |
| Crash Narrative: | | | | | | | | | |
| crash the vehicle was inope | erable. I in | form | ed REE | D the | vehicle wa | s being to | wed du | e to the damage and f | for not |
| having insurance. I explai | ned to REED | I w | ould f | urthe | r investiga | te the sta | tus of | his license and the | vehicle |
| and Mail him the citation of | once my inve | stig | gation | was c | omplete. | | | | |
| At this time I am issuing M | | s Un | iform | Citat | ions T30449 | 941 and T30 | 44942 | for the following of | fenses: |
| C90 S23 Attaching Registrat | ion Plates | | | | | | | | |
| C90 S34J Operating a MV wit | thout Insura | nce | | | | | | | |
| C90 S9 Operating Unregister | ed MV | | | | | | | | |
| C90 S10 Operating without a | License | | | | | | | | |
| I also confiscated the New | York Regist | rati | on pla | te, J | NZ6912, and | l placed it | into | property and evidence | e locker |
| (Continued or | next page) | | | | | | | | |
| Witnesses: | | | | | | | | | |
| Name (Last, First, Middle) | | | Address | | | | | Phone # | Statement |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | | | Phone # | 34-Type | Descrip | ption of Damaged Property | |
| | | | | | | 71 | | 3 1 7 | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: | Registration # | | | | (From | Vehicle Section) | | | 35 |
| Carrier Name | | | | | | | | Carrier Issuing Authority Co | de |
| Address | | | | | City | | | St Zip | |
| US DOT #: | State Number | | | | _ Issuing State | ICC #: | | Interstate | 36 |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | | 38 | | | | | | |
| Trailer Reg #: | ا | | Reg S | tate | Reg Ve | ar T | railer Len | ngth 39 | |
| Hazmat Information: | | | ,5 5 | | 105 10 | · • | | 0. | |
| Placard 40 Material 1 digit # | 41 Materia | ıl Nan | ne | | | Material 4 | digit#_ | Release code | 42 |
| | | | | | | | | | |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

| - | Direction | 1 = Vehicle 1 | 2 #Vehicle 2 | ₹ Pedestr | ian | | |
|-----------------------------|--------------------|---------------|---------------|---------------------|---------------------|--|-----------|
| Crash Diagram: | ie: 👈 | 1 - | 2 | ▶ ♀ | | | |
| | | | | | on | Crash Did Not Coa Public Way: Off-Street Parking Garage Mall/Shopping Coate Other Private Way icate North by A | Lot |
| | | | | | | | |
| Cura da Nia washirus | | | | | | | |
| Crash Narrative: | | | | | | | |
| #1. Vehicle was towed by | Tody's Towing. | Also see CC | # 22022600 | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Witnesses: | | A d d | | | Dhana | " | C+-+ |
| Name (Last, First, Middle) | | Address | | | Phone | # | Statement |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Dama | aged Property | |
| | | | | 71. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From V | ehicle Section) | | | |
| Carrier Name | | | | | Carrier Iss | suing Authority Code | 35 e |
| | | | | | | | |
| Address | | | City | | St | Zip | |
| US DOT #: | _ State Number | | Issuing State | ICC #: | | Interstate | 36 |
| 37 | | 38 | _ 5 _ | | | | |
| Cargo Body Type Code Gro | oss Vehicle Weight | | | | | ı | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | ailer Length | | |
| Hazmat Information: | 5 5,1 | | | | | | |
| 40 | <u> </u> | | | | | | 42 |
| Placard Material 1 digit | # 41 Material 1 | Name | | Material 4 o | ligit # | _ Release code | 72 |
| | | | | | | | |
| | | | | | | | |
| ALAN JR RICHARD SOLOMAN. | | | NEV | VTON POLICE DEPARTM | | 06/25/20 | 122 |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)