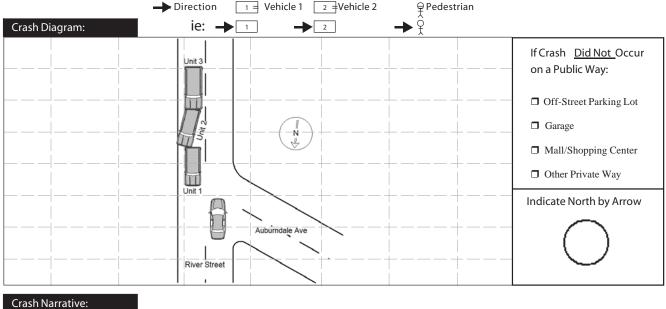
	Poli	ice Use Only		Comn	nonweal	lth o	of Mass	ach	use	tts			RMV	V Doc	umen	t Number	
	Date of Crash 07/29/2020	Time of Crash 08:10	City/1	Town	Motor	Veh	icle Cra	sh			Number Injured		d Limi ude		St	ate Police ocal Police BTA Police	Xi
	07/29/2020	24HR			Pol	ice I	Report		3		0		gitude_		O	ther:	
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION						ION:	7			
	NOR	TH RIVER	ST														┈
1 1	Route# Direc	tion	Name	of Roadway/Stree	t	I	Route# Direction	on A	ddress	s #		Nar	ne of R	Roadwa	ay/Stre	eet	_
	Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of • or									₋⊦	
							Mile Marker Exit Number										_
							Feet N S E W of Route# Intersecting Roadway/Street										-  -
2 <b>1</b>							Feet N S E W of										
3	Route# Direc	Sirect	Landmark											┥			
	XVehicle1	2_#Occupants	Hit/Ru	n Mope	ed Case N	Number		2	200000	00410							
	License#		St_ <sup>I</sup>	MA DOB/Age		Reg#	2MT654				Reg Ty <sub>l</sub>	e_PAN	V	Re	eg Stat	e_MA	_
	Sex_M Lic.	Class D 18 1	Lic. Restricti		DL	Veh Ye	ear_2015	Ve	eh Mal	ke_TOY	T			_Veh (	Config	. 2 20	
4	Operator CH	ATTERJEE	KOUSHIK		Middle	Owner (Same as operator)											
1	Address 236 C	HERRY ST	First		Middle	Last First Middle  Address											-
	City NEWTO			State MA Zip	02465	City State Zip											_
	Insurance Com	pany LM GENE	ERAL			Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)										ee)	
5	Vehicle Travel	Direction: X	S E W Re	rgency? N	Event Sequence 1 22 22 22 2 3 (4)												
		ssued)					Iarmful Event	1 2.	3							10 Undercarr	iage
	,			on 2: ChS	ec		Contributing C	Г	1 2	4	24	•	9		) 5	11 Totaled	
1	Violation	3: ChSec	c Violatio	on 4: ChS	ec		ide/Override	2.5	_	 Γowed _	8 \ Y		7	У	6		
		Please fill out for operator and all occupants involved									28 29 rbag Airba atus \$witc	g 30 g Eject	31 Trap Code	32 Injury	33 Fransp.		$\dashv$
	Name (Last Fir				Address		Age/DOB	Sex	Pos. \$	System St				Status	Code	Medical Facili	ity
	1	DINA	2	36 CHERRY ST	Above						-	0	0	10	1		-
	CHATTERJEE	, KIVA	1	NEWTON, MA 02	2465			r	ь	1 4	4	0	0	10	1		
7 <b>4</b>	Please Select C of the Followi		e2 <u>1</u> #Occupa	nts Non-M	lotorist A Type	1	4 Action	Loc	cation	16	Condi	tion	17		Hit/Ru	n Mop	ed
	License#	License #St MA_ DOB/Age				Reg # <u>376TJ7</u>				Reg Type_PAN				Reg State_MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2018 Veh Make TOYT Veh Config.						. 2					
1	Operator HAHN CYNTHIA A Endorsment						Owner (Same as operator)										
1	Address 4 AV	ONDALE ROA	First		Middle	Addres	S	st			First			Mid	die		_
	City NEWTON State MA Zip 02459  Insurance Company PLYMOUTH ROCK  Vehicle Travel Direction: X E W Responding to Emergency? N  Citation # (If Issued)						City State Zip										_
							Vehicle Action Prior to Crash  2 Damaged Area Code: (Circle Up to Three)										ee)
							Event Sequence 1 22 22 22 22 2 3 4										
							Most Harmful Event 1 23 10 Undercarriage									iage	
	Violatio	n 1: ChS	Driver Contributing Code 1 24 24 1														
		n 3: ChS		Underride/Override 25 Towed Y 6													
	Pl	ease fill out for		ill occupants inv	volved				26 Seat			g 30 Eject	31 Trap	32 Injury	33 Transp.		$\dashv$
	Name (Last Fi	rst Middle) Non-Motorist		See	Above		Age/DOB	Sex	Pos.	System S 1 4	Status Swit	ch Code	e Code	Status 10	Code 1	Medical Faci	lity
	Орегаюн	1.011-14101011121		366	110010					1 4	4	U	U	10	1		
													1				

Pol Date of Crash	Time of Crash	City/To	Commonwea  Motor		i Mass		Numb		nber Sp	RMI eed Lim		State Police		
07/29/2020	08:10	NEWTON	MIOTOI		icie Cra Report	1211	Vehicl 3	- 1	red La	titude _ ngitude		State Police Local Polic MBTA Poli Other:	e 🛣 ce 🗖	
	AT INTEL	RSECTION:		LOCAT		>	3					CTION:		
	111 11(12)	TELETIOI W						- 11	01 11		EIGE	0110111		
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At														
Route# Dire	etion 1	Name of Intersectin	g Daadway/Street	L	Feet	NSE	of of		le Marke		or	Exit Numbe	r	
Kouten Birch	Feet N S E W of Route# Intersecting Roadway/Street													
		Feet	N S E	w of	Ko	ιισπ	Intersec	tilig Koa	dway/Street					
Route# Direction Name of Intersecting Roadway/Street					Landmark									
XVehicle 3	3 2 #Occupants	Hit/Run	Moped Case	Number		2	20000004	10						
License#	-	St_M		Reg # <u>1</u>	HEA85			Reg	Type_P	AN	Reg	State_MA		
Sex_F_ Lic.	Class D 18	Lic. Restriction		Veh Ye	ar_2006	Ve	eh Make_	HOND	<b>\</b>		_ Veh Co	onfig. 2	0	
Operator MA		MARIANA	Endorsment		MAROTTI			ERIO Firs			Middle			
Address 50 W	TILDER ST	131	dic	Address	23 (apt. 5) W	ALNU	ΓST	1115			iuult			
City BROCK	TON	Sta	te_MA Zip_02301	City S	TOUGHTON							Zip <u>02072</u>		
Insurance Company OCCIDENTAL					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
Vehicle Trave	l Direction: X	onding to Emergency? N	Event Sequence 1 22 22 22 22 2 3 4											
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1			2: ChSec	Driver Contributing Code 19										
		c Violation	Underri	ide/Override		Tov	wed Y		30 31	32				
Name (Last Fi		rator and all occu	Address		Age/DOB	Sex	26 Seat Safe Pos. Syst	27 28 ty Airbag em Status	Airbag Eje Switch Co	30 31 Frap de Code	Injury Tra Status Co	33 ansp. ode Medical Fa	ncility	
Operator	•	50	See Above WILDER ST				1	4	4 0	0	10 1			
FERNANDES, BERNARDO BROCKTON, MA 02301						M	6 4	4	4 0	0	10 1			
Please Select of the Follow	Vehicle	e# Occupant	s Non-Motorist A Typ	pe 14	4 Action	Loc	cation	16 C	ondition	17	Ні	it/Run 🔲 M	oped	
License#		St	DOB/Age	Pag#				Pag	Type		Pag	State		
Sex Lic.	18		19	_	ar							20		
Operator			Endorsment		La									
Address	Last	First	Middle		La S	st		Firs			Middle			
City		CityStateZip												
Insurance Con	npany	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: NSEW Responding to Emergency?  Citation # (If Issued)					Event Sequence 22 22 22 22 2 3 4  Most Harmful Event 23 10 Undercarriage 5 11 Totaled									
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			n 4: ChSec	Underri	ide/Override	1	Tow			20   21	22	33		
Name (Last F		r operator and all	occupants involved Address		Age/DOB	Sex	26 Seat Safe Pos. Sys	7 28 ty Airbag tem Status	Airbag Ejo Switch C	30 31 ect Trap ode Code	Injury Tra	ansp. Code Medical F	acility	
Operator	/Non-Motorist		See Above											



The operator of MV#1 stated that while traveling north on River St he slowed to a stop after using his directional to make a left hand turn onto Auburndale Ave. Operator #1 stated that he then heard a crash and then felt his MV get struck from the rear by MV#2.

The operator of MV#2 stated that she was also traveling north on River St directly behind MV#1, when she observed MV#1 use his directional to turn left onto River St. Operator #2 stated that they both slowed to a stop when her MV was rear ended by MV#3. MV#2 was then pushed into MV#1.

The operator of MV#3 stated that she was also traveling north on River St directly behind MV#2 when she observed MV#2 stop suddenly and she was unable to stop and struck MV#2.

No injuries reported.

Witnesses:													
Name (Last, First, Middle)		Address				Phone #		Statement					
Property Damage:													
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	ged Property						
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issui	ing Authority Cod	35 e					
Address			City			St	Zip						
US DOT #:	State Number		Issuing State	ICC #:_			Interstate	36					
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39							
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Le								
Hazmat Information:													
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42					