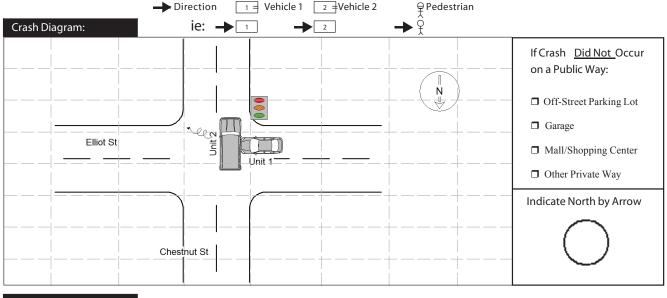
	Poli	ce Use Only		Commonw	ealth	of Mass	achu	sett	5		RM	V Docu	ment Number	
	Date of Crash 01/07/2021	Time of Crash 11:03	City/T NEWTON	MIOU		nicle Cra	nsh [Number Vehicles		ed Lat	eed Lim		State Police Local Police MBTA Police	XI E D
		24HR				Report		2	3		ngitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		N(т АТ	INT	ERSE	CTION:	
	SOU	TH CHEST	NUT ST											
$\begin{array}{ c c } 1 \\ 1 \end{array}$	Route# Direc	tion	Name o	f Roadway/Street At		Route# Directi	on Ad	dress #		N	ame of I	Roadway	//Street	2
	EAST	ELLIOT	ST	At		Feet	N S E	W of			•	or		_
	Route# Direc	tion N		ng Roadway/Street		Foot 5	NEE	W .c	Mıl	e Marker	•		Exit Number	_
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							adway/Street	-
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3						Landmark								\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Ca	ase Number	:	21	.0000000	9					
	License#		St_M	IA DOB/Age	Reg#	CC64AM			Reg	Гуре РА	ΔN	Reg	State MA	
	Sex_M Lic.	Class D 18 1	8 Lic. Restriction	ns 1 CDL	Veh Y	ear 2013	Vel	Make F	IONDA			Veh Co	onfig. 20	
4_	Operator SCI		STUART	Endorsment		(Same as ope						Middl		
3	Address 31 GI	LOVER RD	First	Middle		ESS						Middl	e	_
	City_NEEDHA	AM	S	tate MA Zip 02494									Zip	_
	Insurance Com	pany QUINCY N	MUTUAL		Vehic	le Action Prior t	o Crash	1	21	Damag	ged Area	Code: (Circle Up to Th	ree)
5	Vehicle Travel	Direction: N		ponding to Emergency? N		Sequence 1	22 22		22	D	3		4	
1		ssued)	1		Most	Harmful Event	1 23				9		10 Undercar	rriage
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⁶ 1	1			n 4: Ch Sec Sec		rride/Override	25	Tow	ed Y		7		6	
	Please fill out for operator and all occupants involved							26 27 Seat Safety		29 3 irbag Eje	30 31 ct Trap	32 Injury Tr	33 ansp.	
	Name (Last Fir	st Middle)	<u> </u>	Address See Above		Age/DOB	Sex I	os. Syster	n Status S	witch Coo	de Code	Status C	ode Medical Faci	ility 1
	Орегию			Sec ricove				1	3	1 0	0	9 2	111111	
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Motorist A	Туре	14 Action	Loca	ation	16 Co	ndition	17	Пн	it/Run Mo	ped
	License# St MA DOB/Age				Reg#	Reg # 1NVB16 Reg					eg Type PAN Reg State MA			_]
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2021 Veh Make TOYOTA Veh Config. 2						onfig. 20		
⁸ 1	Operator PIERREADRIEN ROSELOURDES Endorsment					Owner BAPTISTE MARC Last First Middle								_
1	Last First Middle Address 171 ROBBINS ST					Address 55 PARKVIEW RD								_
	City WALTHAM State MA Zip 02453					City WALTHAM State MA Zip 02453							_	
	Insurance Company GOVT EMPLOYEES INS				Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)
	Vehicle Travel Direction: N X E W Responding to Emergency? N				Event	Event Sequence 1 22 22 22 22 0 0								
	Citation # (If Issued)				Most	Most Harmful Event 1 23							rriage	
	Violation 1: Ch Sec Violation 2: Ch Sec				Drive	Driver Contributing Code 99 24 24 5 11 Totaled								
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	Pl	ease fill out for		l occupants involved	"			26 27 Seat Safety		29 3 irbag Eje	0 31 ct Trap	32 Injury Tr	33 ransp.	
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste	m Status	Switch Co	ode Code	Status (Code Medical Fac	cility
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							1 1							

	lice Use Only	C': F	Commonwe					N	_		Т.	nt Number		
Date of Crash	Time of Crash	City/Town	MIOLO		cle Cra	sh N	umber ehicles	Number Injured	Latitu	Limit de		State Police Local Police MBTA Police		
	24HR			olice F				2100		tude	(Other:	_	
	AT INTER	RSECTION:	<	LOCAT	ION :	>		NOT	ATI	NTER	SECT	TON:		
ļ														
Route# Direc	ction	Name of R	oadway/Street	R	oute# Direction	n Addre	ess#		Nam	e of Road	lway/Stı	reet		
				-	Feet NSEW of or Exit Number								_	
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Also at intersection with				Route# Intersecting Roadway/Street Feet N S E W of									_	
Route# Dire	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
Vehicle	#Occupants	☐ Hit/Run	Moped											
	*	- ·	DOD/4					D T			D. C.		_	
License#	18 1		DOB/Age									20	-	
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					' 						Zin)	_	
City State Zip Insurance Company					Action Prior to		21					cle Up to Thre	_	
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Violatio	n 1: ChSec	c Violation 2	: ChSec	Driver (Contributing Co	de	24	24				11 Totaled		
Violation 3: ChSec Violation 4: ChSec				Underri	de/Override	25	Towed	8		7	6			
Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Pos.	Safety A	28 29 Airbag Airbag Status Switch	30 Eject Code	31 3 Trap Injur Code \$tatu	2 33 ry Transp us Code). Medical Facili	lity	
Operator			See Above				-							
Please Select	One Vehicle	2#Occupants	X Non-Motorist A 7	Type 14	Action 97	5 Locatio	n 1	6 Condit	ion	17	Hit/R	un Mop	hed	
of the Follow	ring:	#Оссиранта	Non-Motorista	Гуре 97	Action 97	Locatio	n 8	Condi	ion 1		THICH	Мор	ieu	
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	_	Address							-					
City NEWTON State MA Zip					71 D 14 C 1 (C' 1 H + T)									
Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency?					Venicle Action Prior to Crash									
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Name (Last F	/Non-Motorist		Address See Above		Age/DOB	Sex Pos	. System	Status Swite	ch Code	Code Star			lity	
Срегиюн										9				
1		1						1		i 1	1	1		
							+							



Crash Narrative:

Roselourdes Pierreadrien was operating vehicle #2 S/B on Chestnut St. Roselourdes states that she had a green light and was proceeding through the intersection and was struck on the right side by vehicle #1.

Roselourdes vehicle rolled over and landed on its roof. Lourdes was able to free herself from the vehicle prior to my arrival.

Stuart Schneller was operating vehicle #1 on Elliot St E/B. Stuart stated that he believed he had a green light when proceeding through the intersection. Both parties suffered injures and had a hard time recalling what had happened. Both parties transported to NWH and both vehicles towed by Tody's

Off. Kane was on a detail nearby. Off. Kane states that she did not see the accident happen but heard it.

Off. Kane then saw vehicle #2 roll onto its roof. Off. Kane then went over to the vehicle, broke the driver:

(Continued	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
T 1 10 1 6 11				
Truck and Bus Information:	Registration #			35
Carrier Name				Carrier Issuing Authority Code
Carrier Name				Carrier Issuing Authority Code St Zip
Carrier Name		City		Carrier Issuing Authority Code St Zip
Carrier NameAddressUS DOT #:37		City		Carrier Issuing Authority Code St Zip Interstate 36
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gr	_ State Number	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: Cargo Body Type Code37 Gr	State Numbeross Vehicle Weight38	City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name	State Number oss Vehicle Weight Reg State	City Issuing State Reg Year	ICC #:_ Tr	Carrier Issuing Authority Code St Zip Interstate 36

-	Direction 1 =	Vehicle 1 2	±Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚	→ 2	_	▶ ♀		
Crash Diagram:	ie: -> 1			▶ Ŷ 	If Crash Did Not Oon a Public Way: Off-Street Parking Garage Mall/Shopping Cool Other Private Way Indicate North by A	g Lot
Crash Narrative:						
side window, cut open the	airbag and assis	sted Roselou	rdes from the	e vehicle. O	ff. Kane went to NWH fo	r
injuries to her hands when	re she was eventu	ally discha	rged.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name					Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
Address						36
US DOT #:			Issuing State	ICC #:	Interstate	
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38			_	
Trailer Reg #:	Reg Tyme	Reg State	Reg Vear	Trailer l	Length 39	
Hazmat Information:	neg rype	rog state		11anel	Longin	
40	41					42
Placard Material 1 digit	# Material Nar	ne		Material 4 digit	# Release code	12
STEPHEN T COTTENS			NEW	VTON POLICE DEPARTM	01/07/2	021
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00