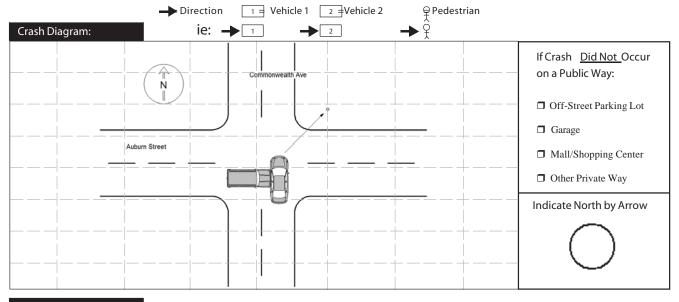
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	}		RM	V Docur	nent Number	
	Date of Crash 01/25/2021	Time of Crash 12:58	City/Tov NEWTON	Motor	Veh	icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	N N
	02/20/2022	24HR				Report		2	2	Lo	ngitude_		Other:	_
		AT INTER	SECTION:	< I	LOCAT	ΓΙΟΝ	>		NC	T AT	INT	ERSE	CTION:	2
	WES	т сомм	ONWEALTH AV	E										
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	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 Fyit Num						E-'t N1		
						Mile Marker Exit Number Feet NSEW of							Exit Number	-
						Route# Intersecting Roadway/Street							- 1	
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$						Feet N S E W of								_ 3
3						Landmark								\dashv
	Vehicle1	1_#Occupants	Hit/Run		Number		21	00000042						_
	License#	18 1	St MA	DOB/Age	Reg#	1CZ542			Reg	Type_PA	N	Reg	State MA 20	-
	Sex_F_ Lic.	Class D 16	Lic. Restrictions	9 CDL	Veh Ye	ear_2015	Veh	Make_T	OYT			Veh Co	onfig. 1	
⁴ 3	Operator LIN		BEVERLY First	L Middle	Owner	(Same as open	rator)		First			Middle		- 1
	Address 8 EAI				Addres	ss								-
	City NEWTON State MA Zip 02459					StateZip								
[-	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three								ee)
5 1	Vehicle Travel	Direction:	S E W Respo	onding to Emergency? N	Event 3	Sequence 1		23 22	22		3	$\overline{}$	4	
	Citation # (If I	ssued)			Most F	Harmful Event	1 23	24	24	—	9	[]	10 Undercarr 5 11 Totaled	1age
6	1			2: ChSec	Driver	Contributing Co	ode 1			3	<u> </u>) (
⁶ 1				4: ChSec	Underr	ide/Override		Towe	ed <u>Y</u>		_			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex S	26 27 eat Safety os. System	28 Airbag A Status Sv	29 3 irbag Ejec vitch Cod	0 31 Trap e Code	32 Injury Tra Status Co	33 ansp. ode Medical Facili	1 1 1
	Operator			See Above				1	1 4	0	0	8 2	NWH	
⁷ 2	Please Select C of the Followi		2 1_# Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Loca	tion	16 Cor	ndition	17	Ні	t/Run Mop	ed
	License#		St_MA	DOB/Age	Reg#_	Reg # 6861LO Reg Type PAI					N Reg State MA			_
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 CDL				Veh Ye	Veh Year 2018 Veh Make HOND Veh Config. 2						20		
⁸ 1	Operator VEN	Operator VENTI FRANK V			Owner (Same as operator)							_		
1	Address 60 ST	Last MARYS ST	First	Middle	Last First Middle Address							_		
	City NEWTON State MA Zip 02462					City State Zip								_
	Insurance Com		Vehicle	e Action Prior to	Crash	1 2	21	Damag	ed Area	Code: (0	Circle Up to Thre	ee)		
	Vehicle Travel	Direction: N	onding to Emergency?N	22 22 22 23 6										
	Citation # (If Issued) T2080896					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							iage	
	00/0						er Contributing Code 3 24 24							
	Violatio	n 3: ChSe	Underride/Override 25 Towed Y 9 7 6						6					
	Pl Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 eat Safety Pos. Syster	28 Airbag A n Status S	29 Ejec witch Co) 31 Trap de Code		33 ansp. Code Medical Facil	lity
		Non-Motorist		See Above		Age/DOB		1	1 4		0	8 1		114 y
														\dashv



Crash Narrative:

The operator of MV#1 stated that she was traveling north on Commonwealth Ave and as she traveled through the green light at the intersection at Auburn St she observed MV#2 traveling towards her from Auburn St and then struck her MV pushing it into a utility pole.

The operator of MV#2 stated that he was traveling east on Auburn St and as he approached the intersection of Commonwealth Ave thought he had a green light and traveled into the intersection when crash occurred with MV#1.

Two independent witnesses both stated to me that MV#2 traveled through a red light on Auburn St causing the crash.

Both MV's towed from the scene and operator #1 transported to NWH with what appeared to be a minor leg

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	1669 COMMONWEALTH AVE		
CANTOR, RACHEL,	BRIGHTON,MA 02135		Y
	65 WEST PINE ST		
CAIRA, JERRY,	NEWTON,MA 02466		Y

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property NEWTON, CITY OF, NFD POLE

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name					ing Authority Code
Address		City		St	Zip
US DOT #:S	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	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

	→ Direction	1 = Vehicle 1	2 = Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: →□	1	2	> Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
					☐ Garage	
		_ +			☐ Mall/Shopping C	enter
					Other Private Wa	
		 - +				
			į	į	Indicate North by A	Allow
		<u> </u>	-			
Crash Narrative:					-d &- b bd :-:	
Operator #2 cited for fa				at appear	ed to be a minor hand inju	ry.
operator at creed for ra-		#101 a 10a 11				
W itnesses: 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:	D :: : "			.1 6 .: >		
Carrier Name	Registration # _		(From Ver	nicle Section)	Carrier Issuing Authority Cod	35 de
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:		36
37	Gross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material	Name		_ Material 4 c	ligit # Release code	42
GEORGE M CLAFLIN			NEWT	ON POLICE DEPARTM	01/25/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)