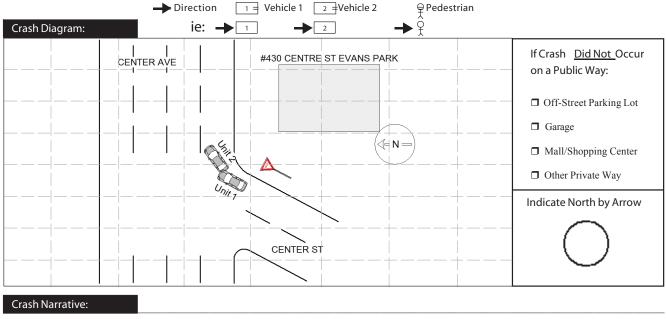
	Poli	ice Use Only		Common	wealth	of Mas	sach	uset	tts		RM	V Docu	ıment Nı	umber	
	Date of Crash 01/30/2021	Time of Crash 08:51	City/Tov NEWTON	vn <b>Mo</b>	tor Ve	hicle Cı	ash	Num			Speed Lim		State Local	Police Police A Police	N N
	01/30/2021	24HR	NEWTON			Report		2	2		Longitude		Other	A Police	
		AT INTER	RSECTION:	<	LOC	ATION	>		N	OT A	T INT	ERSE	CTIO	N:	
	NOR	TH CENTR	E ST												$\frac{2}{2}$
1 <b>1</b>	Route# Direct			Roadway/Street		Route# Dire	ction A	ddress	#		Name of	Roadwa	y/Street		2
	At CENTRE AVE					Feet NSEW of or									
	Route# Direc		Vame of Intersecting	g Roadway/Street					Mi	ile Marl	ter		Exit N	Number	_
			Also at Inters	ection with		Feet	N S E	W of		ute#	Interse	cting Ro	adway/St	reet	. L
<sup>2</sup> <b>1</b>				ting Roadway/Street		Feet	N S F	W of							2
	Route# Direc		Landmark								4				
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	2	2100000	0067						
	License#		St MA	DOB/Age	Reg	# CIM2431			Red	д Туре	PAN	Res	g State_M	IA	
	Sex F Lic. 0	18 18		19		Year_2020	V	ah Mak				Veh C		1 20	•
4			ELIS JAMILE	Endoremen	nt	ner EAN HOL		JII IVIAN	·			_ v cn c	omig.		. 1
5	Address 21 M	ONTELLO ST (a	pt. 3)	Middle		ress 11572 ALF		A HW	Y	t		Midd	le		. [1
	City BROCKT			te MA Zip 02301		ROSWELL					State	GA	Zin 3007	76	
		pany SELF INSU				icle Action Prior	r to Crash		21		aged Area				e)
5		Direction: N		onding to Emergency?		nt Sequence 1	22 2		2 22	<b>O</b> _	3		4	•	
		ssued)		onding to Emergency:		t Harmful Even	2	3				$\mathcal{A}$	10 U	Jndercarri	age
				2: Ch Sec		er Contributing		5 24	24	1	<b>-</b>   / <sup>9</sup>	4	5 11 7	Totaled	
<sup>6</sup> 1				4: Ch Sec		erride/Override	2	_	owed Y	8	7		6		
1	Please		Age/DOB Sex Postern Status Switch Code Code Status Code Medical Facility							_					
	Name (Last Fir			Address		Age/DOB	Sex	Pos. \$y		l 1			Code Me	dical Facilit	y 1
	Operator			See Above	<del></del>			1	4	99	0 0	8	1		
<sup>7</sup> <b>3</b>	Please Select C of the Followin		2 <u>1</u> #Occupant	Non-Motorist	A Type	14 Action	15 Lo	cation	16 C	onditio	n 17	□⊦	lit/Run	Море	ed
	License#		St NY	DOB/Age	- Reg # KGV1572			Reg Type PAN				Reg State NY			
	Sex_M Lic. 0	Class 99 18 18	8 Lic. Restriction	9 19 CDL	Veh	DOMENTA						Config. 20			
8	Operator COI		JAQUAN	Endorsmer L	nt	Owner (Same as operator)									
4	Address 159 F	Last	First	Middle	 Add	ress	Last		Firs	t		Midd	le		
	City ROCHES		Sta	te NY Zip 14613							State	<del></del>	Zip		
	- 7					Damaged Area Code: (Circle Lin to Three)								e)	
	Insurance Company PALISADES INS CO  Vehicle Travel Direction: NSNW Responding to Emergency? N  Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec								2 22	2	3		4		
						Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2								age	
	Violation		Underride/Override  Towed N  Towed N												
1			operator and all	occupants involved	Und	- Verride			27 28 afety Airbag	29 Airbag	30 31 Eject Trap	32	33		$\dashv$
	Name (Last Fi	rst Middle)	r	Address		Age/DOB	Sex	Pos. S	ystem Status	Switch	Code Code	Status		edical Facili	ty
	Operator/	Non-Motorist		See Above	:		-	1	4	99	0 0	9	1		



On January 30th, 2021 at approximately 08:51 hours while assigned to N491 I along with NFD and Fallon

Ambulance responded to the intersection of Center St @ Center Ave for a report of a two vehicle MV crash.

On my arrival I identified operator of MV #1 as Elis Jamilet Perez Castillo. She reported first being on

Center St N/B @ Center Ave stopped. She observed MV #2 who was in front of her on Center St proceed out into the intersection. She then also proceeded out into the intersection while at the same time attempting to change into another lane(go around MV#2) when MV#2 suddenly slowed in front of her. She attempted to brake but hit her gas pedal instead causing her to crash into the rear of MV#2.

I then identified the operator to MV#2, Jaquan Coleman. He reported that he was entering out into the intersection of Center Ave E/B from Center St N/B when he was rear ended by vehicle #1.

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address			Phone	<u></u> #	Statement	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property		
_			•	,				
Truck and Bus Information:	Registration #		(From Vehi	icle Section)			25	
Truck and Bus Information:  Carrier Name					Carrier Is:	suing Authority Cod	35 le	
							le	
Carrier NameAddress			_ City		St	Zip	le	
Carrier Name Address US DOT #:	State Number		_ City		St	Zip	le	
Carrier Name Address US DOT #:			_ City		St	Zip Interstate	le	
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	_ City Issuing State	ICC #:_	St	Zip Interstate	le	
Carrier Name  Address US DOT #: Cargo Body Type Code37 Gro	State Numberss Vehicle Weight	38	_ City Issuing State	ICC #:_	St	Zip Interstate	le	
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State _	_ City Issuing State	ICC#:_ Tı	St	ZipInterstate	le	

THOMAS J MCCARTHY			NEWTON POLICE DEPARTM		01/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →_	1 -	2	<b>→</b> ♀			
Crash Diagram:	ie: →			→ ¥	on	Crash Did Not O a Public Way:  Off-Street Parking Garage  Mall/Shopping Cer Other Private Way icate North by Ar	Lot
Crash Narrative:							
Both vehicles sustained so	immifiar-t-3	Mr. #1	- have 3 5				
			s cowed by 10	Jays.			
Both signed patient refusa	als for Fallon	Ambulance.					
M/2							
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
rame (East, First, Middle)		Madiciss			THORE	n .	Statement
Property Damage:			DI "	24.7	5		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From '	Vehicle Section)			35
Carrier Name					Carrier Iss	suing Authority Code	;
Address			Citv		St	Zip	
							36
US DOT #:	_ State Number	38	Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gro	oss Vehicle Weight	30					
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Tr:	ailer Length		
Hazmat Information:	0 */F*		105 100				
40	41						42
Placard Material 1 digit	# Material 1	Name		Material 4 o	digit #	_ Release code	
THOMAS J MCCARTHY			N	EWTON POLICE DEPARTS		01/30/202	21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)