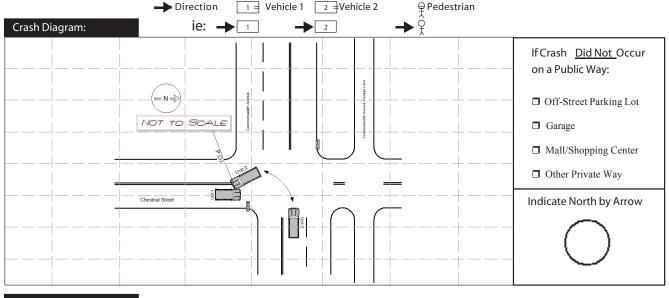
	Poli	ce Use Only		Comn	nonweal	lth o	f Mass	ach	use	etts			RM	V Doc	umen	t Number			
	Date of Crash 02/11/2021	Time of Crash 09:02	City/ NEWTON	Гown	Motor	Vehi	icle Cra	sh		mber hicles	Numl		eed Lim		Si	tate Police ocal Police IBTA Police	N X		
	02/11/2021	24HR					Report		2		0	-"	ngitude_		O	ther:			
		AT INTER	RSECTION	•	< L	OCAT	TION	>			NC	<b>T A</b> T	INT	ERS	ECT	ION:	2		
	NOR	TH CHEST	NUT ST																
<b>1</b>	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with						Route# Direction Address # Name of Roadway/Street  Feet NSEW of or Exit Numbe									eet	_ 2 10		
																	. <del>  -</del>		
																xit Number	_		
																ecting Roadway/Street			
2 <b>1</b>							Feet N S E W of												
3		Route# Direction Name of Intersecting Roadway/Street						Landmark											
1	XVehicle1	1_#Occupants	Hit/Ru	n Mop	ed Case N	Number		2	21000	00104									
	License#		St_			Reg#_1	NL296				_Reg ]	ype_P	AN	R	eg Stat		_		
	Sex_F_ Lic.	Class D 18 18	Lic. Restrict		DL	Veh Year 2014 Veh Make MAZDA Veh Config. 2 20													
4	Operator FEN	INESSEY	ELENA First		ndorsment	Owner (Same as operator)  Last First Middle													
3	Address 50 LE	WIS ST	rust			Last First Middle Address													
	City NEEDH	AM		State_MA_Zip_	02492														
	Insurance Company_AMICA MUTUAL INSURANCE						Domagad Area Code: (Circle Lin to Three)												
5 <b>1</b>	Vehicle Travel	Direction:	S E W R	esponding to Eme	ergency?_N	Event S	Sequence 1	22 2	22	22	22		3	7	4				
	Citation # (If I	ssued)				Most H	Iarmful Event	1 2	3					$\langle    $	5	10 Undercarri 11 Totaled	age		
	Violation	1: ChSec	Violati	on 2: ChS	Sec	Driver	Contributing C	ode	1 2	24	24					11 Totaled			
<sup>6</sup> <b>1</b>										Towed	Y	3)	(		6				
			ator and all oc	cupants involve	d Address		Age/DOB	Sex	26 Seat Pos.	27 Safety	28 Airbag A	29 rbag Eje	30 31 Ect Trap de Code	32 Injury Status	33 Transp. Code	Medical Facilit	v <b>1</b>		
	Name (Last First Middle)         Address           Operator         See Above					Age/DOB   Sex   Pos.   System   Status   Switch   Code   Code   Status   Code   Natural   Natu							Medical Facilit	<u> </u>					
7																			
2	Please Select C of the Followi		2 <u>2</u> #Occup	ants Non-M	Notorist A Type	e 14	Action	Loc	cation	1	Coı	ndition	17		Hit/Ru	ın Mop	ed		
	License#		St	MA DOR/Age	a	Reg # 2FTZ21 Reg Type P.							AN	AN Reg State MA					
	License #         St         MA         DOB/Age           Sex_F         Lic. Class         D         18         18         Lic. Restrictions         1         19         CDL           Operator         HARDING         PAGE         T         Endorsment						Veh Year 2013 Veh Make ACURA							Veh Config. 2					
8 <b>1</b>							Owner ROBERTS JUSTIN								ERWICK				
1		Operator Last First Middle  Address 11 W ELM AVENUE (apt. 4)  City QUINCY State MA Zip 02170						st STREE			First			Mic			-		
								Address 170 ELGIN STREET  City NEWTON State MA Zip 02459											
	Insurance Company COMMERCE INSURANCE						Damaged Area Code: (Circle Lin to Three)										e)		
	Vehicle Travel					22	22	22 (	. `	3		4	-						
	Vehicle Travel Direction: NXEW Responding to Emergency? N  Citation # (If Issued) T1447521						Most Harmful Front 23										age		
	`	n 1: Ch <sup>90/11/A</sup> Se	Most Harmful Event 1																
	Violatio		Underride/Override  25 Towed N  6																
		ease fill out for							29 Eje	30 31 Trap	32 Injury	33 Transp.	33	$\dashv$					
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	See	Address Above		Age/DOB	Sex	Pos.	System	Status S	witch C	ode Code  0	Status 10	Code 1	Medical Facil	ity		
				70 ELGIN STREE				14	4	1									
	ROBERTS, BE	INJAWIIN	1	NEWTON, MA 02	2459			M	4	4	4 9	9 0	0	10	1		_		



## Crash Narrative:

Operator of Motor Vehicle #1 stated that she was stopped at the red light Northbound on Chestnut Street.

Motor Vehicle #2 was traveling Westbound on Commonwealth Avenue a took a left turn onto Chestnut Street (
Southbound). Motor Vehicle #2 turned into Motor Vehicle #1 causing major damage to its drivers side front
panel.

Operator of motor vehicle #2 stated she took a left turn onto Chestnut Street from Commonwealth Avenue and her vehicle fishtailed causing her to strike motor vehicle #1.

Medics arrived on scene and both parties signed medical refusal forms. Tody's towed motor vehicle #1. Motor vehicle #1 sustained major left side damage and motor Vehicle #2 sustained moderate front end damage.

Operator of motor vehicle #2 was issued a Citation T1447521 for Ch. 89 S. 4A Marked Lanes and Ch. 90 S.11

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone #	#	Statement
Property Damage:		•			,		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	iged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Issu	uing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length 39		
Hazmat Information:							
Placard 40 Material 1 digit #	me		Material 4	digit #	_ Release code	42	

•	Direction	1 =	Vehicle	· L	2 =Vehicle 2	į	₽ Pedestr	ıan		
Crash Diagram:	ie: →[	1	_	▶□	2		Ô			
Crash Diagram:							t		If Crash Did Not Con a Public Way:  Off-Street Parking Garage Mall/Shopping Ce Other Private Way  Indicate North by A	Lot
Crach Narrative										
Crash Narrative:										
License Not Accessible.										
-										
Witnesses:										
Name (Last, First, Middle)			Address						Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Desc	ription of Damaged Property	
Truck and Bus Information:	Pagistration #				(From	Vahial	a Saction)			
Carrier Name		(From Vehicle Section)						Carrier Issuing Authority Code	35	
Carrier Name									Carrier issuing Authority Code	
Address					City				St Zip	
US DOT #:	State Number				Issuing State		ICC#:		Interstate	36
27	Г		38							
Cargo Body Type Code G	ross Vehicle Weight								20	
Trailer Reg #:	Reg Type_		 Reg Sta	ite _	Reg Ye	ar	Tra	ailer L	ength 39	
Hazmat Information:										
40	41									42
Placard Material 1 digi	t #   Materia	I Nam	ne			1	Material 4 o	ligit#	Release code	
ZOI H LAZARAKIS						NEWTON E	POLICE DEPARTM		02/11/20	21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)