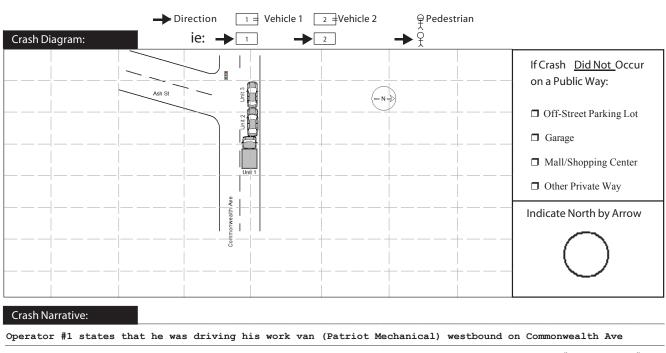
	Poli	ice Use Only		Common	wealth	of Ma	ssacl	huse	etts			RMV	/ Docu	ment Numb	oer	1
	Date of Crash 02/24/2021	Time of Crash 16:41	City/To NEWTON	wn M	otor V	ehicle (	Crash	Nu Vel	mber hicles	Numbe		ed Limi		State Poli Local Pol MBTA Po	ce ice	
	02/24/2021	24HR	NEWTON		Police	Repor	t	3		0		gitude_		Other:	olice 🔲	
		AT INTER	SECTION:	<	LOC	CATION	>			NOT	AT	INTE	ERSE	CTION:		2
		ASH ST														2
1 1	Route# Direct		Name of	Roadway/Street		Route# Di	rection	Addres	s #		Na	me of R	loadway	//Street		2
	WES	T COMM		Feet NSEW of or Exit Number									har			
	Route# Direc	etion N	lame of Intersection		Feet NSEW of										1	
			Also at Inter		Route# Intersecting Roadway/Street										⊩	
<sup>2</sup> <b>97</b>	Route# Direct	tion		Feet N S E W of												
3	Routen Blice	tion	Ivanic of interse	cting Roadway/Street								Lar	ndmark			
	XVehicle1	#Occupants	Hit/Run	Moped	Case Num	ber		210000	00151							
	License#		St M	A DOB/Age	Re	g# P42434				Reg Ty	pe CO	N	Reg	State_MA		1
	Sex M Lic. 0	18 18		19		h Year_2011	,	Veh Ma	ke GM						20	
4			THOMAS	Endorsm	ent								· ven ev	Jiiig		1
3	Operator DEI	Last RANKLIN VILL	First	Middle		vner LESHIN ldress 24 CON	Last GRESS T	ER		First			Middl	e		1
												G:	MA	g: 01757		
	City FRANKI			ate MA Zip 02038		MILFORD			21					Zip 01757	Thraa)	
-		pany MERCHAN				Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
5 <b>1</b>	Vehicle Travel	Direction: N	S E X Res	onding to Emergency	y? <u>N</u> Ev	Event Sequence 1 22 97 22 22 22 3 4										
	Citation # (If Is	ssued)			Me	Most Harmful Event 1 23 Undercarriage 5 11 Totaled									_	
(	Violation	1: ChSec	Violation	2: ChSec	Dr	iver Contributii	ng Code		1	24		VŢ.	$\sum$	)		
<sup>6</sup> 2	Violation	3: ChSec	Violation	4: ChSec	Ur	derride/Overri	de	25	Towed			/		6		
	Please 1	fill out for opera	itor and all occu	pants involved  Addres	e	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility								Facility	1	
	Operator	st windie)		See Abov						4 99	0	0	10 1		1 denity	┢
											+					1
<sup>7</sup> <b>3</b>	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motoris	st A Type	14 Action	15 L	ocation	1	6 Cond	ition	17	Пн	it/Run	Moped	
	License#		St M	A DOB/Age	Re	Reg # 1EXD24					Reg Type PAN Reg Sta				ate_MA	
	Sex M Lic. 0	18 18		19								Veh Co		20		
8	Operator GAI	<u> </u>	WILLIAM	Endorsm	ent	Owner (Same as operator)										
1		Last MOODY ST (apt.	First 1)	Middle			Last			First			Middl	e		
	City WALTHA			ate MA Zip 02453		ldress						Curt		7.		
	'			ate_1111		ty			21	1 г	lamaga			Zip Circle Up to	Throa)	
	l .	pany QUINCY N				hicle Action Pr	or to Cra	sh	2 21	22 2	amage	d Area	couc. (	4	ince)	
	Vehicle Travel	Direction: N	S E X Re	sponding to Emergence	ey? <u>N</u> Ev	ent Sequence	1 22					ſΪ		`	ercarriage	
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	Violation	n 3: ChSe	ec Violatio	on 4: ChSec	Ur	derride/Overri	de		owed_					6		
	Plo Name (Last Fi		operator and al	occupants involved		Age/D	OB Sex	26 Seat Pos.	27 Safety A System	28 2 Lirbag Airb Status Swi	9 30 ag Eject tch Cod	31 Trap		33 ransp. Code Medica	l Facility	
		Non-Motorist		See Abov		Age/D	OB Sex			4 99	0	e Code 0	10 1		i racifity	
	*															1
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	Poli Date of Crash	ce Use Only Time of Crash	n City/Tov	Commonwea Motor		oi Mass icle Cra		Number	_	r Snee	RMV ed Limi		ment N	
	02/24/2021	16:41	NEWTON	MIOTOI		icie Cra Report	ISII	Vehicles	Injure	Lati	tude gitude_		Local MBT. Other	Police [ Police ] A Police [
Ī		24HR	RSECTION:		LOCAT		>	3	NO				CTIO:	
۲		ATIME	RSECTION.		LOCA	HON	_		110	AI	11/11	LINSL	CHO	١١٠.
ŀ	Route# Direct	tion	Name of I	Roadway/Street		Poute# Directi		Adress #		Na	me of E	2 oadway	/Street	
-	Route# Direct	tion	A	Route# Direction Address# Name of Roadway/Street										
l.			N	D 1 (0)	Feet NSEW of Mile Marker or Exit Number									
ŀ	Route# Direc	tion	Name of Intersecting Also at Interse	Feet NSEW of										
1				Feet NSEW of Intersecting Roadway/Street										
	Route# Direct	tion	Landmark											
	XVehicle 3	#Occupants	s Hit/Run	Moped Case	Number		2	100000151						
ŀ	License#		St MA	DOB/Age	Reg#	747WV1			Reg Ty	ne PA	N	Reg	State_M	[A
ı	Sex_M Lic. (	Class D 18		19		ear 2015	Ve	h Make T				Veh Co		1 20
П	Operator KUI		TIMOTHY	Endorsment		KURISKO		REBEG	CCA			_		
ш	Address 35 DE	Last	First	Middle		35 DEER RU	N RD		First			Middl	e	
П	City WRENTE		Stat	e_MA Zip_02093		VRENTHAM					State	e_MA Zip_02093		
	Insurance Com	pany GEICO			Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)									
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L	Violation	3: ChSe	ec Violation	4: ChSec	Underride/Override 25 Towed Y 8 7 6									
		Please fill out for operator and all occupants involved  Name (Last First Middle) Address					Sex	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Swi	9 30 ag Eject ch Code	31 t Trap c Code	32 Injury Tr Status C	33 ransp. lode Me	dical Facility
L	Operator			See Above				99	4 99	0	0	10 1	L	
	Please Select C	Vehicl	le#Occupants	Non-Motorist A Ty	rpe 1	4 Action	15 Loc	ation	16 Cond	ition	17	П	it/Run	Море
ľ	of the Followin	ng.		]										
ı	License#	18		DOB/Age					20					
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r	Name (Last Fin	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. System	m Status Sw	itch Coc	de Code	Status	Code M	edical Facility
F														
						1	1		1 1	- 1	- 1	1 1	- 1	



Operator #1 states that he was driving his work van (Patriot Mechanical) westbound on Commonwealth Ave
near Ash St, when his vision became blinded by the sun which caused him to rear end vehicle #2. Vehicle #2
was stationary at the red light and subsequently hit vehicle #3 upon impact in a "domino effect".

All operators were spoken to separately and their version of events are the same. It should be noted that
while responding to this call, I did take note of the extreme solar glare on Commonwealth Ave westbound.

All parties declined medical attention. Damage visible to me were as follows:

- -Vehicle #1 sustained heavy front end damage, towed by Tody's
- -Vehicle #2 had moderate rear end damage, towed by Tody's

-Vehicle #3' s right rear passenger side above the wheel well had minor damage, possible tire damage as										
(Continued on next page)										
Witnesses:										
Name (Last, First, Middle)	Address			Phone #	Statement					
Bronorty Damago										
Property Damage: Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damac	ged Property					
			71	-	· · · ·					
Truck and Bus Information:	Registration #	(From Veh	nicle Section)		35					
Carrier Name				Carrier Issu						
Address				St	Zip					
AddressUS DOT #:		City			36					
US DOT #:	State Number	City			36					
US DOT #: Gross	State Number	City  Issuing State	ICC #:_	39	36					
US DOT #: 37 Cargo Body Type Code	State Number	City  Issuing State	ICC #:_	39	36					
US DOT #: 37 Cargo Body Type Code	State Number	City Issuing State Reg Year	ICC #:_ Tr	ailer Length	Interstate 36					
US DOT #: 37 Cargo Body Type Code	State Number	City Issuing State Reg Year	ICC #:_ Tr	ailer Length	Interstate 36					

KELEIGH N DONAHUE			NEWTON POLICE DEPARTM		02/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	₽Ŷ		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	, , ,
		_			☐ Mall/Shopping Co	enter
		_			Other Private Way	
		 -		+		
	į	į		į	Indicate North by A	illow
		_				
				<del>-</del>		
Crash Narrative:						
well. Vehicle was moved	off to the side	of the road	and owner has	their own	tow coming.	
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:	Registration # _		(From Ve	ehicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
US DOT#:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:						42]
Placard 40 Material 1 dig	git # 41 Material	Name		Material 4 d	igit# Release code	42
KELEIGH N DONAHUE			NEW	TON POLICE DEPARTM	02/24/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)