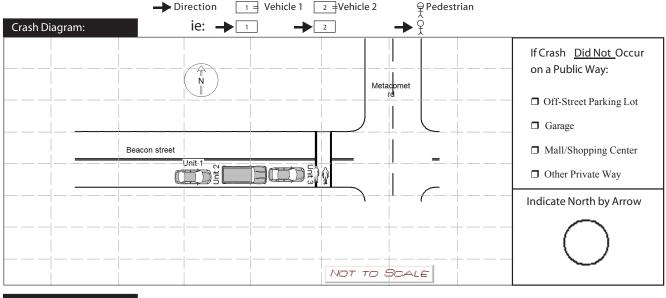
		ce Use Only			onwealt									nent Number		
	Date of Crash 03/10/2021	Time of Crash 15:41	h City/ NEWTON	Town	Motor \			sh N	lumber ehicles	Numbe Injured		ed Limitude		State Police Local Police MBTA Police		
Ļ	., ,	24HR	R				Report		3	0		gitude_		_Other:		
ŀ		AT INTE	RSECTION	i:	< L(OCAT	ION >	>		NOT	AT	INTE	ERSEC	CTION:		
						EAST 1860 BEACON ST										
7	Route# Direct	ion	Name	of Roadway/Street		Re	oute# Directio	n Addr	ess#		Naı	me of R	Roadway/	Street		
┨				Feet NSEW of or												
-	Route# Direct	tion	Name of Intersec	et	─┝			1	Mile N	1arker			Exit Number			
ľ			Also at In		_ -	Feet N	SEW	of	Route#	I	ntersec	ting Road	dway/Street	_		
7	B	.	N CI	D 1 (G		Feet NSEW of										
⋠	Route# Direction Name of Intersecting Roadway/Street											Lar	ndmark			
	Wehicle 1	1_#Occupants	ts Hit/Ru	ın Mope	d Case Nu	ımber		2100	000172							
Ī	License#		St	MA DOB/Age_		Reg # 8I	BK125			_ Reg Ty	pe PAN	N	Reg	State MA		
	Sex_M Lic. C	Class D 18	18 Lic. Restrict	19		Veh Yea	ar 2014	Veh M	fake HO				Veh Co	20		
	Operator DAN		MALACH	AI Enc	lorsment		DANSINGER		MICHA	\EL		E			J	
_	Address 284 LA	ANGLEY	First	N			284 LANGLE			First			Middle		_	
- 1	City NEWTON			State MA Zip 0										Zip 02465	_	
	Insurance Comp				Action Prior to	Crash	1 2					Circle Up to Th	ree)			
\neg	_		N S X W R	esponding to Emer	gency? N	vehicle Action 11to to Citain 1										
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			ec Violat	ion 2: Ch Se			Contributing Co		24	24 (1)	+	9	$\langle \rangle$	5 11 Totaled		
٦				ion 4: Ch Se			de/Override	25	Towed			7		6		
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F	Name (Last Firs	t Middle)			Above		Age/DOB	Sex Pos.		Status Swit	ch Code	Code	Status Co	de Medical Faci	ility	
	operator				. 100 / 0				99	39	-	-	10 1			
ŀ																
	Please Select O of the Followin		:le2 <u>2</u> #Occup	pants Non-Mo	otorist A Type	14	Action 1:	5 Locatio	on	Cond	ition	17	Hit	t/Run Mo	ped	
Γ	License#		St	MA DOB/Age		Reg # 20	CLL74		Reg Type PAN					Reg State MA		
-	Sex_M Lic. C	Class D 18	Lic. Restrict	tions 1 CD				Veh Year 2011 Veh Make HONDA				Yeh Config.			. 20	
┪	Operator MAI	RCELUS	YVON		lorsment	Owner (Same as operator) Last First Middle Address									_	
\dashv	Address 44 SE	YMOUR ST (a	First apt. 1)	, n	Middle										_	
-	City ROSLINDALE State MA Zip 02131						City State Zip									
-	Insurance Comp	_{pany} GEICO		Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)								ree)				
-	Vehicle Travel Direction: NSWW Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec						Event Sequence 1 22 1 22 22 22 3 4									
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		n 3: Ch S		Underride/Override 25 Towed N 8 7 6												
	v iolation							20 Seat			9 30 Eject	31 Trap	32 Injury Tra	33 ansp.		
		ease fill out fo	or operator and	all occupants inv	orved	- 1										
	Ple Name (Last Fir	rst Middle)			Address		Age/DOB	Sex Po	s. System	Status Swi	tch Code	e Code	Status C	ode Medical Fac	cility	
	Ple Name (Last Fir Operator/N	Non-Motorist					Age/DOB	Sex Po:	s. System	Status Swi	tch Code 0	e Code 0	10 1	ode Medical Fac	cility	
	Ple Name (Last Fir	Non-Motorist			Address		Age/DOB	Sex Por	s. System	Status Swi	tch Code	e Code	Status C	ode Medical Fac	cility	

Pol Date of Crash	Time of Crash		Commonweal		i Massa icle Cra		Number	Number		RMV Do		tate Police	
03/10/2021	15:41	NEWTON			icie Cra Report	511	Vehicles 3	Injured	Latitu	de tude		State Police Local Police MBTA Police Other:	
	AT INTE	RSECTION:		OCAT	_	>	3	NOT		NTER:			
	AT INTE	Roberton.			.1011			1101	711 1	TVI LIV	<u>JLC1</u>	10111	
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Tiouten Biret					_								
Route# Direct		Name of Intersecting R	Feet NSEW of Mile Marker or Exit Number										
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Route# Direc	ction	Name of Intersecting	g Roadway/Street							Landma	ark		
XVehicle3	1_#Occupant	s Hit/Run	Moped Case N	Number		210	00000172						
License#		St MA	DOB/Age	Reg# 7	78G950			Reg Tvi	e PAN		Reg Sta	te MA	
Sex_M Lic.	18		19 CDL		ar 2005	Veh	Make NI					20	
Operator PH		RICHARD	Endorsment			-1					,	J	
	AXTON ST (ap	rt. 1)	Middle	Owner (Same as operator) Last First Middle Address									
City_ROSLIN	IDALE	State 1	MA Zip 02131								Zip		
Insurance Con	Insurance Company_PLYMOUTH ROCK					Crash	2	I D	amaged	Area Coo	de: (Circ	ele Up to Thre	
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Please Name (Last Fir		Age/DOB	Sex Se	26 27 eat Safety s. System	28 29 Airbag Airba Status Swite	g Eject h Code	31 32 Trap Injur Code \$tatu	2 33 y Transp code	. Medical Facilit				
Operator			See Above				99	4 4	0	0 10	1		
Please Select (of the Followi	I Vehic	le#Occupants	Non-Motorist A Type	e 14	Action 1:	5 Locat	tion	16 Condi	tion	17	Hit/R	un Mope	
License#		DOB/Age	Reg # Reg Type Reg State							te			
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City													
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Name (Last F		or operator and all oc	cupants involved Address		Age/DOB		26 27 eat Safety System	28 29 Airbag Airba Status Swit	g Eject ch Code	31 32 Trap Injur Code Stat	y Transp		
Operator	/Non-Motorist		See Above										



Crash Narrative:

The operator of vehicle 1 stated he was traveling East on Beacon Street. He did not see the cars ahead stop in front of him and he crashed into the rear of vehicle 2. This caused vehicle 2 to crash into vehicle 3.

Vehicle 1 sustained major front end damage and was towed by Todys.

The operator of vehicle 2 stated he was stopped in traffic as the vehicle in front of him had come to a stop.

Vehicle 1 then crashed into the rear of vehicle 2 causing vehicle 2 to crash into vehicle 3. Vehicle 2 sustained moderate rear end damage.

The operator of vehicle 3 stated he was traveling on Beacon Street when he came to a stop to allow 2 individuals to cross the street who were standing in the crosswalk. He was then rear ended by vehicle 2.

Vehicle 3 sustained minor damage.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Addres	S				Phone #		Statement
SUTTIN , HOPE, Z		LLY RD ΓΟΝ,ΜΑ 02468	}					N
Property Damage:								
Owner (Last, First, Middle)	Address	Phone	e #	34-Type	Description	of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	le Section)	C	arrier Issui	ing Authority Coo	35 le
US DOT #:		Issuin	g State	ICC #:_			Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight 38				ſ	39		
Trailer Reg #:	Reg Type Reg	State	Reg Year	Tr	ailer Length	3,		
Hazmat Information:					l			
Placard 40 Material 1 digit #	# 41 Material Name			Material 4	digit #		Release code	42

	→ Direction	1 = '	Vehicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[1	→[2	→ 🖁			
							If Crash <u>Did Not</u> O	Occur
							Off Street Doubing	a Lat
							☐ Off-Street Parking	g Lot
		_ _					☐ Garage	
		_ _		<u> </u>			☐ Mall/Shopping Co	enter
	į	į					☐ Other Private Way	У
		_ _				- — —	Indicate North by A	rrow
		_ _		++				
		_ _						
Crash Narrative:								
The witnesses in the cro	ss walk stated	she	was waiti	ing for cars	to stop to	let her cro	oss the road. Ve	ehicle 3
stopped for her, then she	e saw vehicle 1	cra	sh into v	vehicle 2 which	ch then cra	shed into	rehicle 1. She	was not
hit.								
Witnesses:								
Name (Last, First, Middle)		A	ddress			P	none #	Statement
Property Damage:		'						
Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	D :			(F.)	71:10 3			
Carrier Name	Registration #				Vehicle Section)	Carri	er Issuing Authority Cod	35 le
Address								36
US DOT #: Cargo Body Type Code 37		38		Issuing State	ICC #:_		Interstate	
	Gross Vehicle Weight						39	
Trailer Reg #:	Reg Type		Reg State _	Reg Year	r Tra	niler Length		
Hazmat Information:	41							42
Placard Material 1 dig	it # Material	l Name	·		Material 4 o	ligit #	Release code	
THOMAS BANNON				N	EWTON POLICE DEPARTM		03/10/20	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)