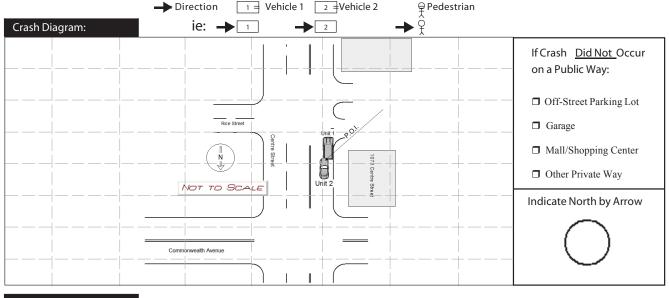
	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	setts	\$		RM	V Docui	ment Number	•
	Date of Crash 03/11/2021	Time of Crash 14:36 24HR	NEWTON	MIOTO		icle Cra Report	sh	Number Vehicles 2		red La	eed Lim titude _ ongitude		State Police Local Police MBTA Polic Other:	: Xi
			RSECTION:	<	LOCA		>						CTION:	
						SOUTH	107	'3	CEN	TRE ST	REET			
1 L	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								
						Feet NSEW of • or								
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of								
														_
1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
}	XVehicle 1 1_#Occupants ☐ Hit/Run ☐ Moped Case 1					Number 2100000173								
	T:#					1RW640				т Р	AN	Dan	State MA	
		License # — St MA DOB/Age — Sex F Lic. Class D 18 Lic. Restrictions 1 CDL											20	
		CCI		A Endorsment		Owner (Same as operator)								
1	Address 204 L	Last ANGLEY ROA	.D	Middle								Middle	e	_
	City NEWTO			te_MA Zip_02459	Address									_
	Insurance Company THE STANDARD FORE INSURANCE				Vehicle	Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event Sequence 1 22 22 22 2 3									
	Citation # (If I	ssued)			Most I	Harmful Event	1 23			1 4	9	$\langle $	10 Underca	~
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co			24					
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex F	26 27 Seat Safety Pos. System	28 Airbag Status	29 Airbag Eje Switch Co	30 31 Trap de Code	32 Injury Tr Status C	33 ansp. ode Medical Fac	cility
	Operator			See Above				1	4	99 0	0	10 1	L	
1	Please Select C of the Followi	I X Vehicl	e2 1_#Occupant	s Non-Motorist A T	ype 1	4 Action 1	Loca	ation	16 Co	ondition	17	Н	it/Run Mo	oped
	License#St MA DOB/Age			_ Reg#_	Reg # 2LBJ51 Reg Type PAN Reg State MA]		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL				_ Veh Y	Veh Year 2018 Veh Make FIAT Veh Config. 1								
1	Operator KIN	Last	Owner (Same as operator) Last First Middle											
	Address 139 SUMNER STREET				Address								_	
	City NEWTON State MA Zip 02459				_ City _	CityStateZip								
	Insurance Company_LIBERTY MUTUAL INSURANCE				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								hree)	
	Vehicle Travel Direction: $[N]$ $[X]$ $[E]$ $[W]$ Responding to Emergency? $[N]$				Event Sequence 22 22 22 22 3 4 10 Undercarriage							arriage		
	Citation # (If Issued)				Most I	Most Harmful Event 1 9 5 11 Totaled							~	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19								
		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved						Tower	1 Y		30 31	32 _	33	
	Name (Last Fi	rst Middle)	operator and all	Address		Age/DOB		26 Seat Safety Pos. System	Airbag n Status	29 Airbag Ejo Switch C	30 31 ect Trap ode Code	Injury I r	ansp. Code Medical Fa	acility
	Operator/	Non-Motorist		See Above			-	1	1	99 0		10 1		



Crash Narrative:

Operator of Motor Vehicle #1 stated that she was traveling Southbound on Centre and slowed down and pulled to side of the road when she saw a City Of Newton Fire Truck with the lights and sirens activated traveling Northbound on Centre Street (The opposite direction). Operator of Motor Vehicle #1 stated that she was then struck by motor vehicle #2 from behind.

Operator of Motor Vehicle #2 stated that he was traveling Southbound on Centre Street and saw the City Of
Newton Fire Truck traveling Northbound on Centre Street (The opposite direction) in the center lane
with its lights and sirens activated however did not realize that the vehicle in front of him was going to
stop and struck vehicle #1 from behind.

Motor vehicle #1 sustained moderate rear end damage and motor vehicle # 2 sustained major front end damage.

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ed Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issui	ing Authority Cod	e 35
Address			City			St	Zip	
US DOT #:								36
US DOT #:								
US DOT #: Gross Cargo Body Type Code 37 Gross Trailer Reg #:	State Numbers Vehicle Weight	38	Issuing State	ICC #:_		39		
US DOT #:	State Numbers Vehicle Weight	38	Issuing State	ICC #:_		39		
US DOT #: Gross Cargo Body Type Code 37 Gross Trailer Reg #:	s Vehicle Weight Reg Type	38 Reg State	Issuing State	ICC #:_ Tr	ailer Lengtl	h 39	Interstate	

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	₽Ŷ			
						Crash <u>Did Not</u> C a Public Way:	Occur
		 _				Off Stuart Doubing	Lat
						Off-Street Parking	, LOI
		_				Garage	
		_				Mall/Shopping Ce	
						Other Private Way	7
		-			Ind	icate North by A	rrow
		_		 			
		 -					
Crash Narrative:			•				
Both parties were evalua	ted by medics a	nd signed med	ical refusals	forms. M	otor Vehicle #	2 was towed	from
the scene by Tody's Towi	ng.						
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Dramarty Damage							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
					·	· · ·	
Truck and Bus Information:				hicle Section)			35
Carrier Name					Carrier Iss		e
Address							36
US DOT#:		38	Issuing State	ICC #:_		Interstate	30
Cargo Body Type Code 37	Gross Vehicle Weight	30			30		
Trailer Reg #:	Reg Type	Reg State _	Reg Year_	Tra	ailer Length		
Hazmat Information:	41						42
Placard Material 1 dig	git # Material	Name		Material 4 o	digit #	_ Release code	74
ZOI H LAZARAKIS			NEW	TON POLICE DEPARTM	ı	03/11/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)