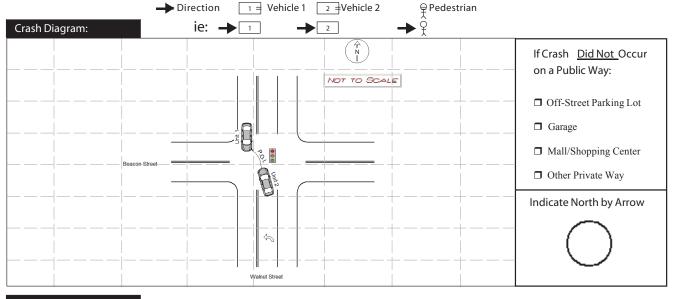
	Poli	ce Use Only		Common	wealth	of Mass	achu	isetts	5		RM	V Docur	nent Number		
	Date of Crash 04/08/2021	Time of Crash 17:07	City/T NEWTON	own Mo	tor Vel	hicle Cra	ash [Number			ed Limi		State Police Local Police MBTA Police	N N	
	04/00/2021	24HR				Report		2	0		ngitude_		Other:		
		AT INTER	SECTION:	<	LOCA	TION	>		NC	T AT	INT	ERSE	CTION:		
	WES	г веасо	N ST											-	
1	Route# Direc	tion	Name o	f Roadway/Street		Route# Directi	on Ad	dress #		N	ame of I	Roadway	/Street	2 ¹	
	SOUTH WALNUT ST				Feet N S E				E W of or					_ -	
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number							_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street								- <u> </u>	
2 1	1 Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									
	XVehicle1	1_#Occupants	Hit/Rur	Moped	Case Numbe	r	21	100000245	5						
	License#St MA DOB/Age					325HKJ			Reg	Гуре_РА	N	Reg	State MA	_	
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Year_2010	Vel	n Make_N	ISSAN			_Veh Co	nfig. 20		
4	Operator LEE	Last	MAY	Endorsmen	nt Own	er (Same as ope	erator)		First			Middle		- 1	
3	Address 122 C	AKDALE RD	First	windile		Owner (Same as operator) Last First Middle Address									
	City NEWTO	City NEWTON State MA Zip 02467					CityStateZip								
	Insurance Company METROPOLITAN PROPERTY AND CASUALTY					cle Action Prior t	o Crash	1	21	Damag	ed Area	Code: (Circle Up to Thr	ree)	
5 1	Vehicle Travel	Direction: N	X E W Res	sponding to Emergency?	N Even	t Sequence 1	22 22	22	22	2	3		4		
1	Citation # (If I	ssued)			Most	Harmful Event	1 23				9	$\langle $	10 Undercard 5 11 Totaled	riage	
	Violation	1: ChSec	Violatic	n 2: ChSec	_ Drive	er Contributing C	ode 1	24	24			\bigvee	3 11 Totaled		
⁶ 1	Violation	3: ChSec	Violatic	n 4: ChSec	Unde	erride/Override	25	Towe	ed Y	9	7		6		
	Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.							1 1 1		
	Name (Last Fir Operator	st Middle)		Address See Above	:	Age/DOB		os. \$ysten	1 Status S	witch Cod	e Code	\$tatus Co	ode Medical Facil	lity 1	
									+						
7															
2	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupa	nts Non-Motorist	A Type	14 Action	Loca	ation	16 Co	ndition	17	Ні	t/Run Mop	oed	
	License# St MA DOB/Age				Reg	Reg# 1DGL75 Reg Type 1								_	
	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2006 Veh Make TOYOTA Veh Config. 1									
8 1	Operator SHEPPARD JACK Last First Middle					Owner SHEPPARD BYRON Last First Middle								_	
_	Address 1905 COMMONWEALTH AVE				Addı	Address 1905 COMMONWEALTH AVE									
	City NEWTON State MA Zip 02466				City	City NEWTON State MA Zip 02466								_	
	Insurance Company LIBERTY MUTUAL INSURANCE COMPANY				Vehi	Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel Direction: NSEM Responding to Emergency? N				N Even	Event Sequence 1 22 22 22 2 3 4									
	Citation # (If I	Citation # (If Issued) T2012867					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								
	Violatio	n 1: Ch <u>89/8</u> Se	Drive	Driver Contributing Code 4 24 24											
	Violatio	n 3: ChSe	Sec Violation 4: ChSec			Underride/Override Z5 Towed Y 8 7 6						6			
			operator and a	Il occupants involved				26 27 Seat Safety	28 Airbag A	29 Sirbag Ejec	O 31 Trap		33 ansp.		
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex	Pos. Syste		witch Co	de Code 0	10 1	Code Medical Fac	ility	
	-							\top							
								+		+		++			



Crash Narrative:

Operator of MV1 states she was traveling southbound on Walnut Street entering the intersection at Beacon Street when MV2 failed to yield to MV1 by attempting to take a left hand turn onto Beacon Street westbound causing MV2 to crash into MV1. MV1 sustained damage to the front left fender and was towed from the scene.

Operator of MV2 states he was traveling northbound on Walnut Street approaching the intersection at Beacon Street where he wanted to make a left hand turn onto Beacon Street westbound. Operator of MV2 states the left arrow traffic signal was yellow then turned green and he still proceeded to take a left hand turn while there was oncoming traffic traveling southbound on Walnut Street. Operator of MV2 states he failed to yield to MV1 causing MV2 to crash into MV1. MV2 sustained front end damage and was towed from the scene.

Operator of MV2 was issued in hand Massachusetts Uniform Citation #T2012867 for MGL Ch. 89 Sec. 8 Fail to

/g					
(Continued or	n next page)				
Witnesses:					
Name (Last, First, Middle)	Address		Phone # Statemen		
<u> </u>					
Property Damage:					
Owner (Last, First, Middle)	Phone # 34-Type Des			Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)	
			(From Vehi		Carrier Issuing Authority Code
Carrier Name					Carrier Issuing Authority Code
					Carrier Issuing Authority Code St Zip
Carrier Name			City		Carrier Issuing Authority Code St Zip
Carrier NameAddressUS DOT #:	State Number		City		Carrier Issuing Authority Code St Zip
Carrier NameAddressUS DOT #:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier NameAddressUS DOT #:	State Numbers Vehicle Weight	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36 railer Length
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numbers Vehicle WeightReg Type	38 Reg State	_ City Issuing State Reg Year	ICC#:_ Tr	Carrier Issuing Authority Code St Zip Interstate 36

•	Direction 1	∃ Vehicle 1 _	2 #Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: → 1	→ [2	→Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping Company Other Private Was Indicate North by A	ng Lot Center
Crash Narrative:	- '					
Yield, Right of way						
No injuries reported.						
Witnesses:		1			21 "	1
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	Pehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:		Reg State	Reg Vear	Trailo	r Length	
Hazmat Information:	Reg Type	Neg State _	Keg rear	1141101	Leangui	
Placard 40 Material 1 digi	t # 41 Matarial N	ame		Matarial 4 dia:	t#Release code	42
r iacaiu Ivialeriai 1 digi	Iviaterial Na	a111C		ivialerial 4 digi	ιπ Release code	
TIMOTHY F KEEFE Police Officer Name (Please Print)	G:4			EWTON POLICE DEPARTA	04/08/2	
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks Date	le .

CDP1 11 ·24·00