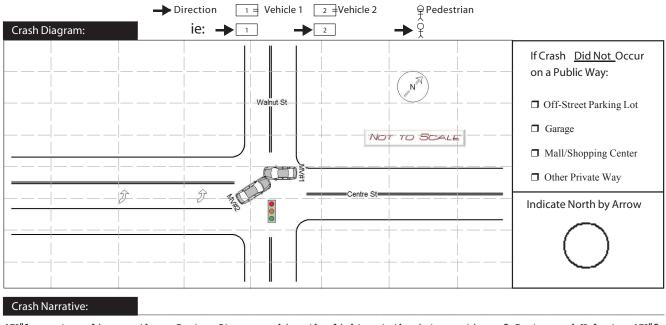
NORTH WALNUT ST    Route   Direction   Name of Intersecting Roadway/Street		Poli	ce Use Only		Commo	onweal	th o	f Mass	ach	use	etts			RMV	V Docu	ıment	Number	
AT INTERSECTION:    CENTRE ST				1	own N	Motor '	Vehi	icle Cra	ash							Sta Lo	ate Police	<u> </u>
SOUTH CENTRE ST   Name of Readway/Street   Route*   Direction   Name of Readway/Street   Peer   Name of Readway/Street   Peer   Name of Interecting Roudway/Street   Peer   Name of Roudway/Street   Peer   Name		04/10/2021				Poli	ce F	Report								Otl	her:	
SOUTH   CANTRE ST   Name of Roadway/Street   Souther Direction								TON	>			NO	AT	INTI	ERSE	CTI	ON:	
Routed   Direction   Name of Roadway/Street   Route   Direction   Name of Roadway/Street   Peer   N   E   W   of   Routed   Direction   Name of Intersecting Roadway/Street   Also at Intersections With   Name of Intersecting Roadway/Street   Peer   N   E   W   of   Routed   Direction   Name of Intersecting Roadway/Street   Exit Number   Routed   Direction   Name of Intersecting Roadway/Street   Exit Number   Routed   Direction   Name of Intersecting Roadway/Street   Exit Number   Direction   Name of Intersecting Roadway/Street   Exit Number   Direction   Name of Intersecting Roadway/Street   Exit Number   Direction   Name of Intersecting Roadway/Street   Direction   Direction   Name of Intersecting Roadway/Street   Direction   Direct		SOU	ГН СЕПТЕ	RE ST														1
NORTH   Name of Intersecting Roadway/Street   Feet   N   S   D   O	1 <b>4</b>		Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								et	_	
About a flatersecting Roadway/Street  About a flatersecting Roadway/Street  Feet   N.S. F.W   of   Roade# Intersecting Roadway/Street    Feet   N.S. F.W   of   Roade# Intersecting Roade# Ro								Feet NSEW of • or								it Number	-	
Routed Direction   Name of Intersecting Roadway/Street   Landmark		Route# Direc	tion 1					Feet	N S I	E W c	of	IVIII O	Iurker			LA	it ivamoei	
Route   Direction   Name of Interesting Roadways/Street   Landmark   License # State   Divertifications   Districtions   Dis	2			Also at Inte	rsection with		-					Route		Intersec	ting Ro	adway	/Street	-  -
Secondary   Seco	1	Route# Direct	tion	Name of Inters	ecting Roadway/Stre	eet												
Sec   F	3					1								Lar	ndmark			$\dashv$
Sex   F   Lic Class   D    B    B    Lic Restrictions   B    D    Findorsment   Owner (Same as operator)   Owner (Same as opera		XVehicle1	#Occupants	Hit/Rur	Moped	Case N	umber			210000	00254							
Sex F   Lic Class   D   18   18   Lic Restrictions   B   9   CDL   Veh Make   HONDA   Veh Config.   1   20		License#		St N	IA DOB/Age		Reg#5	5HM254				Reg Ty	pe PA	N	Reg	g State	MA	
Operator KWAK SUKOUNG Endorment Address 485 MOUNT AUBURN ST (spt. 3)  City WATERTOWN State MA Zip 02472 City MATERTOWN State MA Zip 02472 City MATERTOWN State MA Zip 02489 City WATERTOWN State MA Zip 02489 City MATERTOWN State MA Zip 02489 City State Zip Damaged Area Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address Safe Mater Mater Mater Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address Safe Mater Mater Mater Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address Safe Mater Mater Mater Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address City State Zip Damaged Area Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address Safe Mater Action Prior to Crash Address Safe Mater Action Prior to Crash Address City State Zip Damaged Area Code: Citrcle Up to Three) Wehicle Action Prior to Crash Address Safe Mater Action Prior to Crash Safe Mater Action Prior		Sex F Lic. 0	Class D 18 1				Veh Ye	ar 2015	V	eh Ma	ke HO	NDA			Veh C	onfig.	1 20	
Address  Add	4				Endo	rsment												
City WATERTOWN   State MA   Zip 02472   City   State   Zip   Dumaged Area Code (Circle Up to Three)		Address 485 M	Last IOUNT AUBUI	RN ST (apt. 3)	Mid	dle									Midd	lle		_
Insurance Company ARBELLA   Vehicle Action Prior to Crash   1 21   Damaged Area Code: (Circle Up to Three)					tota MA Zin 024	172											-	
Vehicle Travel Direction: NXEW Responding to Emergency? N  Vehicle Travel Direction: NAEW Respondin					LateZIp_ <u>021</u>		-			. [	21	_						_
Venicite Inversible Color   In	5				r . =	o N			22		1		ugt				. op to rill	-
Citation i (II issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above  Please following  Operator  See Above  Please following  Address  See M Lic. Class D 18   18   Lie. Restrictions 1   ODL Last Control of the Following Sec Vehicle Travel Direction:  The sec Violation 2: Ch Sec Violation 4: Ch Sec Underride Override  Non-Motorist A Type  Address  Non-Motorist A Type  Address  See M Lic. Class D 18   18   Lie. Restrictions 1   ODL Vehycar 2018 Veh Make KIA Veh Config. 1   Over Sec Vehicle Travel Direction:  Last First Middle  Address Address  Address Address  City NEWTON  State MA Zip 02459  City NEWTON  State MA Zip 02459  City NewTon  Insurance Company GEICO  Vehicle Travel Direction:  X Sec Violation 2: Ch Sec Underride Override  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Non-Motorist A Type  Address  Addres					ponding to Emerge			1	Д,						$\overline{A}$		() Undercarr	riage
Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y 7 6  Please fill out for operator and all occupants involved Name (tast First Middle)  Please Select One of the Following Operator See Above			-						1		4	24	<b>←</b>	9				
Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB  Sex Pos. System Status Sworth Non-Motorist A Type  Please Select One of the Following:  Age/DOB  Sex Age/DOB  Sex Pos. System Status Sworth Non-Motorist A Type  Please Select One of the Following:  Address  Age/DOB  Sex Age/DOB  S	6	Violation	1: ChSe	c Violatio	n 2: ChSec_		Driver	Contributing (	L	1				<u> </u>	$\Delta$	)		
Operator  See Above  Non-Motorist A Type  Island Action  Island Ac	1						Underri	ide/Override				<u> </u>						
Operator  See Above  Non-Motorist A Type  Island Action  Island Ac				rator and all occ		dress	26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facilit							ity				
City   NewTon   State   MA   Zip   D2459   City   State   Zip   Damaged Area Code: (Circle Up to Three)		Operator			See Al	bove									10	1		
City   NewTon   State   MA   Zip   D2459   City   State   Zip   Damaged Area Code: (Circle Up to Three)																		
City   NewTon   State   MA   Zip   D2459   City   State   Zip   Damaged Area Code: (Circle Up to Three)																		
City   NewTon   State   MA   Zip   D2459   City   State   Zip   Damaged Area Code: (Circle Up to Three)																		
City   NewTon   State   MA   Zip   D2459   City   State   Zip   Damaged Area Code: (Circle Up to Three)	7																	
Sex_M_Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	2			e2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14		15 Lc	cation	1	6 Cond	ition	17	ı	Hit/Rur	Мор	oed
Sex M Lic. Class D Lic. Restrictions 1 CDL Veh Year 2018 Veh Make KIA Veh Config. 1  Operator OBRIEN MICHAEL FRANCIS Address 63 CUMMINGS RD  City NEWTON State MA Zip 02459 City State Zip Insurance Company GEICO  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code Type 25  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Veh Make KIA Veh Config. 1  Owner (Same as operator)  Owner (Same as operator)  Owner (Same as operator)  Damaged Area Code: (Circle Up to Three)  Vehicle Action Prior to Crash 4 21  Damaged Area Code: (Circle Up to Three)  Towner (Same as operator)  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (Circle Up to Three)  Towner Contributing Code Type 24  Violation 1: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DoB Sex Pos. System Status Switch Code Medical Facility		License#					Reg # 1GLV13 Reg T					_Reg Ty	ype_PAN Reg State_MA				_	
Address  City NEWTON  State MA Zip 02459  City NewTon  Insurance Company GEICO  Vehicle Travel Direction:  Vehicle Travel Direction:  Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  City State Zip Damaged Area Code: (Circle Up to Three)  Event Sequence  1 22 22 22 22 22 22 22 22 22 22 22 22 22		Sex M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2018 Veh Make KIA Veh Config. 1											
Address 63 CUMMINGS RD  City NEWTON State MA Zip 02459 City State Zip  Insurance Company GEICO  Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y  Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility	8	Operator OBI	RIEN				Owner (Same as operator)									_		
City NEWTON State MA Zip 02459 City State Zip  Insurance Company GEICO Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: X S E W Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	1	Address 63 CU	Last J <b>MMINGS RD</b>	First	Mid	Idle	Address					First			Midd	lle		
Insurance Company GEICO  Vehicle Action Prior to Crash  Vehicl		City NEWTON State MA Zip 02459  Insurance Company GEICO  Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec												State		Zin		_
Vehicle Travel Direction: X S E W Responding to Emergency? N  Citation # (If Issued) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2											21	] [	amage			–	e Up to Thr	ree)
Citation # (If Issued)								venicie Action Prior to Crash 4										
Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Most Hammul Event 1  1  9  5  11 Totaled  Violation 2: Ch Sec Underride/Override  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility								Event Sequence 1 10 Undercarriage									riage	
Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19  Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility								Driver Contributing Code 19 24 24 5 11 Totaled										
Violation 3: ChSecViolation 4: ChSecUnderride/Override																		
Name (Last First Middle)  Address  Age/DOB  Sex  Pos. System  Status Switch  Code Code  Status Code  Medical Facility	ا						Underri	ide/Override		T			9   30	31	32	33		_
Operator/Non-Motorist         See Above				operator and a				Age/DOB	Sex		Safety A System	irbag Airb Status Sw	ag Eject	Trap le Code	Injury I	ransp.	Medical Faci	ility
		Operator/	Non-Motorist		See Al	bove					99	4 99	0	0	10	1		
																_		
													+		+	$\dashv$		



MV#1 was traveling south on Centre St approaching the lights at the intersection of Centre and Walnut. MV#2 was at the lights of Centre and Walnut waiting to take a left onto Walnut St. MV#1 went straight though the lights, while MV#2 took a left onto walnut causing MV#1 to crash into MV#2.

Operator of MV#1 stated that she had a green light as she continued though the intersection. Operator of MV#1 stated that as she was going though the intersection, MV#2 took a left in front of her and she crashed into him.

Operator of MV#2 stated that he was waiting at the intersection for a clear turn. He stated that he believed that MV#1 had a red light, which gave him the right of wary to turn left on to Walnut St, when he was crashed into MV#1

crashed into MV#1					
(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	ged Property
Truck and Bus Information:	Registration #	(From Vehic	cle Section)		35
Carrier Name				Carrier Issu	uing Authority Code
Address		City		St	Zip
US DOT #:	_ State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38				
Trailer Reg #:	Reg Type Reg S	tata Rag Vaar	Trai	iler Length	
Hazmat Information:	Reg Type Reg 5	nuic Reg Fear	1101	ner Length	
Placard 40 Material 1 digit	# 41 Material Name		Material 4 di	igit #	Release code 42

JOHN D BERGDORF		1	NEWTON POLICE DEPARTM		04/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1 =	Vehicle 1	2 =Vehicle 2	₹ Pedestrian		
Crash Diagram:	ie: → 1	<b>→</b> [	2	<b>▶</b> ♀		
					If Crash Did Not on a Public Way:  Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot 'enter
Crash Narrative:						
Both vehicles were towed	away by Todys.					
No injuries occurred.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Owner (East, 111st, Miladic)	Address		THORE #	эт турс вс	scription of Damagea Froperty	
Truck and Bus Information:	Registration #		(France Va	ehicle Section)		
Carrier Name			(FIOIII VE	ancie section)	Carrier Issuing Authority Co	35 de
			a.			
Address			City		St Zip	26
US DOT#:			Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:					<i>S</i> -	
40	# 41 Metarial N-	me		Material 4 di=	t#Release code	42
Placard Material 1 digit	" Material Na	IIIE		iviateriai 4 digi	t # Kelease code	
JOHN D BERGDORF				TON POLICE DEPARTM	04/10/2	2021
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Dat	e

CDP1 11 ·24·00