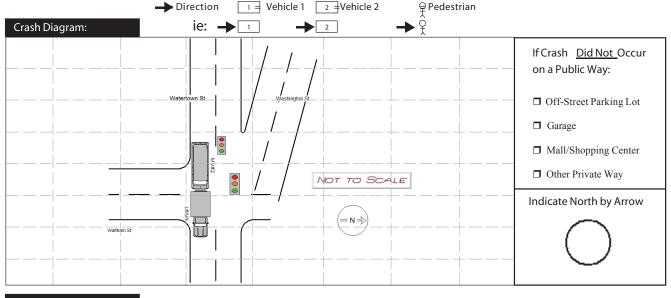
	Poli	ice Use Only		Comm	onweal	lth o	of Mass	ach	use	etts			RM	V Doc	umen	ıt Number		
	Date of Crash Time of Crash City/Town			Γown	Motor	Vehi	icle Cra	ısh		mber hicles	Num		peed Lin		S	tate Police ocal Police IBTA Police	□ X	
	04/12/2021	24HR	NEWTON		Pol	ice I	Report		2		2		ongitude			ABTA Police Other:		
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	WES	T WASHI	INGTON ST														- 1	
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	Route# Direc	ction N	Mile Marker Exit Number															
			Feet N S E W of Route# Intersecting Roadway/Street											- -				
²	Route# Direc	reet	Feet N S E W of										:					
3	Route# Direc	tion	rect	Landmark											\dashv			
<i>J</i>	XVehicle1	#Occupants	Hit/Ru	n Moped	d Case N	lumber			21000	00258								
	License#		St	MA DOB/Age		Reg#	V36393				Reg	Type C	CON	R	eg Stat	te_MA		
	Sex M Lic.	18 18		ons 1 CDI	Γ.			v	eh Ma	ke FO						20		
4		VA Last		Endo RANIE	orsment ELY	Veh Year 2007 Veh Make FORD Veh Config. 13 20 Owner BRUSA CONSTRUCT											_	
3	Address 280 C	Last CENTRAL ST (ap	ot. C)	Mi	iddle		La	st			First			Mi	ddle		- L	
	City HUDSO			State MA Zip 01	749	Address 35 ATWOOD RD City SOUTHBOROUGH State MA Zip 01772										-		
				State Zip 01						21	_					le Up to Thr	-	
5	1	npany PILGRIM I		••	- N		e Action Prior t		22	1 22		2	igeu Aie		. (CIIC	op to mi	,	
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		ssued)				Most H	Harmful Event	1 1		24	24	1	• <u> </u>	9	0	11 Totaled	iiagc	
6	Violation	1: ChSec_	c Violati	on 2: ChSec	;	Driver	Contributing C	L	99	24		8		<u> </u>				
⁶ 1				on 4: ChSec	;	Underr	ide/Override		_	Towed	N							
	Please to Name (Last Fir		ator and all oc	cupants involved	ldress	Age/DOB Sex Poss System Status Switch Code Code Status Code Medical Facility									lity			
	Operator	,			Above													
[_																		
3	Please Select C of the Followi		2 <u>2</u> #Occup	ants Non-Mot	torist A Type	14	4 Action	15 Lo	cation	1	Cc	ndition	17		Hit/Ru	un Mor	oed	
	License#		St	MA DOB/Age	Reg # CI69LP					Reg Type PAS					Reg State MA			
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8		PIETRANTONIO			orsment AN	Owner CUCCHIARA FRANK												
⁸ 2		Last	First		iddle		La	st			First			Mi	ddle		_	
	Address 74 FAYETTE ST City WATERTOWN State MA Zip 02473 Insurance Company HANOVER INSURANCE COMPANY						Address 21 OAK KNOLL AVE.										-	
							City CHELMSFORD State MA Zip 01824 Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										- -	
			e Action Prior t			22		Dania D	igeu Aie		. (Clic	~ op w m						
	Vehicle Travel Direction: NSEX Responding to Emergency? N						Event Sequence 1										riage	
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	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 5																	
	Violatio			tion 4: ChSe		Underr	ride/Override		1	owed			,					
	Pl Name (Last Fi		operator and	all occupants invo	lved		Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag A	29 Switch	30 31 ject Trap Code Cod		Transp.	Medical Fac	ility	
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Crash Narrative:

Operator of MV#1 stating he was travelling straight ahead on Watertown St when he was rear ended by MV#2.

Operator of MV#2 stated he was stopped at the light on Watertown St behind MV#1. He stated the light went green and they began to travel towards Waltham St at approximately 10mph when MV#1 stopped abruptly with no warning. MV#2 was not able to stop and rear ended MV#1. Passenger of MV#2 corroborated the driver's story and stated the truck in front of them stopped suddenly.

There is a traffic light at the location of the crash that was red, however this light is for traffic coming down Washington St. MV#1 and MV#2 were travelling down Watertown St and that light did not apply to them.

MV#1 was driven from the scene with no damage. MV#2 was towed by Perfection with heavy front end damage.

Operator of MV#1(back pain) and the Passenger of MV#2 (knee pain) were evaluated by medics. Both

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phon	Phone #						
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	scription of Damaged Property				
Truck and Bus Information: Registration #(From Vehicle Section) 35										
Carrier Name					Carrier 1	Issuing Authority Co	de			
Address		(City		St	St Zip				
US DOT #:	State Number		Issuing State ICC #: Interstate							
Cargo Body Type Code Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	_ Reg State	Reg Year	Tr	ailer Length					
Hazmat Information:										
Placard 40 Material 1 digit #	# 41 Material Name	e		Material 4	digit #	Release code	42			

•	Direction	_1 = Veh	icle 1 2	! ≢Vehicle 2	₽Pedesti	rian				
Crash Diagram:	ie: →[1	→ 2	!	→ Ŷ					
Crash Diagram:	ie: ->[If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot enter		
patients signed refusals.										
Witnesses:							DI "			
Name (Last, First, Middle)		Addr	ess				Phone #	Statement		
Property Damage:						1				
Owner (Last, First, Middle)	Address			Phone #	34-Type	Descr	iption of Damaged Property			
Truck and Bus Information:	Registration #			(From	Vehicle Section)			35		
Carrier Name			Carrier Issuing Authority Code							
Address				City			St Zip			
								36		
US DOT #:	State Number			Issuing State _	ICC #:_		Interstate			
Cargo Body Type Code 37 G	ross Vehicle Weight	38								
Trailer Reg #:	Reg Type	D.	o State	Rag Van	r Tr	ailer I a	noth 39			
Hazmat Information:	reg Type	100	5 State		11	unci LC	5			
40	41							42		
Placard Material 1 digi	t# Materia	Name			Material 4	digit#_	Release code			
MEGHAN E MCLEAN			38801		NEWTON POLICE DEPART	N	04/12/20	121		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)