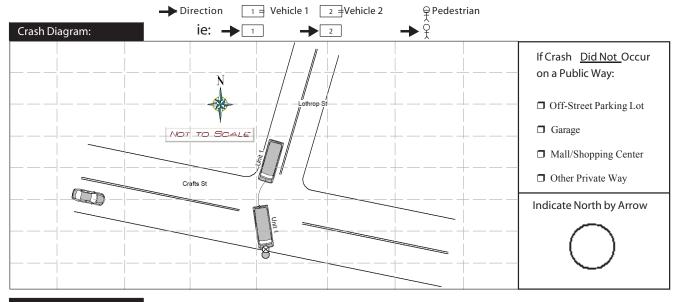
	Poli	ice Use Only		Commonweal	lth o	of Mass	achi	usetts	5		RMV	/ Docun	nent Number	
	Date of Crash 05/04/2021	Time of Crash 21:07	City/Town NEWTON	MIOTOI		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi tude		State Police Local Police MBTA Police	XI
		24HR				Report	.	1	0		gitude_		Other:	$\overline{}$
		ATINTER	RSECTION:	< L	OCAT	HON	>		NO	I AI	INTI	ERSEC	CTION:	
	EAST	Γ CRAFT	S ST											
4	Route# Direc	tion	Name of R	oadway/Street		Route# Direction	on A	ddress #		Na	me of R	Roadway/	Street	2
NORTH LOTHROP ST						Feet NSEW of or					or		_	
	Route# Direc	etion N	Name of Intersecting			Fact D	N S E	W ac	Mile	Marker			Exit Number	-
			Also at Intersec	ction with	- -				Route	-	Intersec	ting Road	dway/Street	- <u> </u> 1
2 1	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	l-	Feet	N S E	W of						_ 1
3	Route# Direction Name of Intersecting Roadway/Street				Landmark								\dashv	
	XVehicle1	#Occupants	Hit/Run	Moped Case N	Number		2	100000312	2					
	License#		St MA		Reg#	9AK134			Reg T	pe_PA	N	Reg	State MA	
	Sex_M Lic.	Class D 18 1	8 Lic. Restrictions	I 19 CDL	Veh Ye	ear_2018	Ve	h Make_T	ОУОТА			Veh Co	nfig. 20	
4	Operator NEV	WMAN	DYLAN	Endorsment		NEWMAN Las		MATI				Middle		$ 7^1$
1		OMMONWEAL'	TH AVE	Midale		85 COMMO	NWEA	LTH AVE	FIFST			Middle		_
	City NEWTO	N	State	MA Zip 02467	City_N	IEWTON					State	MA	Zip	_
	Insurance Com	npany QUINCY I	FIRE		Vehicle	e Action Prior to	o Crash	4	21	Damage	ed Area	Code: (C	Circle Up to Thr	ee)
5	Vehicle Travel	Direction: N	S X W Respon	nding to Emergency? N	Event	Sequence 22	22 2	2 22	22 €		3		4	
	Citation # (If I	ssued) T2080930				Harmful Event	23	3			9	$\langle \ \ $	10 Undercarr	riage
	Violation	1: Ch90/8_Sec	Violation 2	ChSec	Driver	Contributing C	ode	20 24	19 24	_	/ 		5 11 Totaled	
⁶ 2	Violation	3: ChSec	Violation 4	ChSec	Underr	ride/Override	25	Towe	ed Y		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		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos. System	Status Swi	tch Code	e Code 0	Status Co	de Medical Facil	ity 22
									3 4			10 1		\dashv
														_
⁷ 3	Please Select C of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e 1	4 Action	15 Loc	ation	16 Cond	lition	17	Hit	t/Run Mop	ed
	License# St DOB/Age				Reg#	Reg # Reg Type Reg State							┫ .	
	Sex Lic. Class				-	Veh Year Veh Make Veh Config.							_	
⁸ 1	Operator		_	Endorsment		Las						-		
1	Address	Last	First	Middle		Las	st		First			Middle		_
	City State Zip_				City State Zip								-	
	Insurance Company				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
						Event Sequence 22 22 22 22 3 4								
					Most Harmful Event 23							riage		
	`	· · · · · · · · · · · · · · · · · · ·					Driver Contributing Code 1 9 5 11 Totaled							
	Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override						Tower	8		7	/	6		
			operator and all o		5				28 2 Airbag Airl	9 30 Fig.	31 Trap	32 Injury Tra	33 nsp.	\dashv
	Name (Last Fi	Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex	Pos. Syste	m Status Sw	itch Co	de Code		ode Medical Faci	lity
	Operator/	TAOH-IMOTOLISE		See Audve					+ +	+				\dashv
							\vdash		+ +	+				_



Crash Narrative:

MV1 was pulling out of Lothrop St to turn left on Crafts St to head Eastbound. He believes he did not turn the steering wheel hard enough and consequently collided with the utility pole across the street from Lothrop St. MV1 operator, Dylan Newman also admits to texting on his cellular device during driving. Dylan was given MA Uniform Citation T2080930 in hand for 90/8M Texting While Driving. No injuries were reported, a verbal refusal was given by Dylan's mother to the medics and the vehicle was towed by Tody's. The vehicle showed heavy damage to all front areas. All airbags were deployed during the crash.

John Reiner, a witness, stopped to give a statement on scene. John stated that he was driving Eastbound on Crafts St at Watertown St when he saw a van pull out of Lothrop St to turn left and then all of the sudden stop. Once John got closer to the scene, he discovered that the van had actually collided with a pole and

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
REINER JR, JOHN, P	77 KENILW NEWTON,I			N					
Property Damage:									
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property					
Truck and Bus Information: Registration #(From Vehicle Section) Carrier Name Carrier Issuing Authority Code									
Address		City		St Zip					
US DOT #:Sta	ate Number	Issuing State	ICC #:	Interstate	36				
Cargo Body Type Code Gross Vehicle Weight Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra						
Hazmat Information:									
Placard 40 Material 1 digit #	Material Name		Material 4 d	ligit# Release code	42				

-	Direction 1	_ dehicle 1	2 #Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: → 🗆	→ [2	2	→ Ŷ		
		_			If Crash on a Pu	Did Not_Occur ublic Way: Street Parking Lot age //Shopping Center or Private Way North by Arrow
Crash Narrative:						
went to assist Dylan out	of the vehicle.	John said th	at Dylan was	immediate	ly looking for hi	s cellular phone
when he was getting out o	f the car and t	old John that	he was on h	nis phone w	hen the crash hap	pened.
Witnesses:		1				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:	1					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description 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 #:		38	issuing state	ICC #:_	1	Interstate
Cargo Body Type Code Gr	oss Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	Jame		Material A	ligit# Re	elease code 42
riacard Iviaterial i digit	Waterial N	Tuill(1414101141	п5п п Ке	Sieuse coue
ALEX N KANE		38800	1	EWTON POLICE DEPARTS		05/04/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)