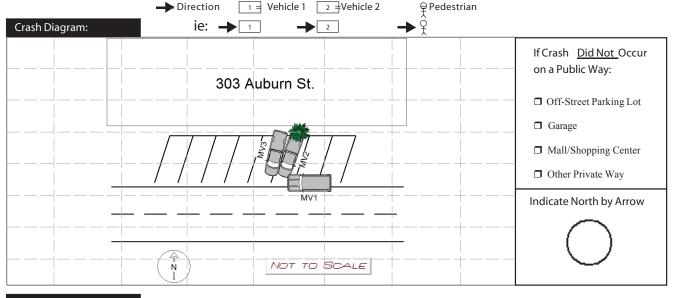
	Poli	ce Use Only		Common	wealth	of Mas	sach	uset	tts		RM	IV Doc	umen	t Number	
	Date of Crash 05/10/2021	Time of Crash 05:28	City/Tow NEWTON	m Mo	otor Ve	ehicle Ci	ash	Num			Speed Lin		St	tate Police ocal Police IBTA Police	<u> </u>
	05/10/2021	05:28 24HR	NEWTON		Police	Report		3	0		Longitude _			IBTA Police other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		N	OT A	T INT	ERS	ECT	ION:	락
						WES	т 3	03	AU	BURN	ST				-
1	Route# Direc	tion	Name of I	Roadway/Street		Route# Dire	ction /	Address	#		Name of	Roadw	ay/Stre	eet	_
_	At					Feet NSEW of or							-		
	Route# Direc	etion N	Name of Intersecting	Roadway/Street		-			N	Iile Marl	ker		E	xit Number	
			Also at Interse	ection with		Feet	N S	E W of		oute#	Interse	ecting R	oadwa	y/Street	-
3						Feet	N S	E W of				8		,	_ -
	Route# Direction Name of Intersecting Roadway/Street					Landmark							4		
	XVehicle 1	1_#Occupants	Hit/Run	Moped	Case Numb	er		2100000	0326						
	License#		St MA	DOB/Age	Re	g# 922WA6			Re	eg Type	PAN	Re	eg Stat	e MA	
	Sex_M Lic.	18 1		19		Year_2010								20	
ļ			NICHOLAS First	Endorsme	ent	ner (Same as o								,	_
1	Address 117 P	ROSPECT ST	First	Middle		dress						Mic	idle		⁻ -
	City NEWTO		Stat	e_MAZip_02465		y						ie	Zip		_
		pany COMMER		1	Vehicle Action Prior to Crash 1					21 Damaged Area Code: (Circle Up to Tl					_
	1			nding to Emergency	? N Eve	ent Sequence	22		22 22	0_	:	3	4		
]	ssued)		0 0 7		st Harmful Even		23			Λ		- 1	10 Undercarr	riage
				2: ChSec		ver Contributing		97 24	24		- _	9) 5	11 Totaled	
2	Violation	derride/Override)E]	owed Y	8		7	6						
	Please fill out for operator and all occupants involved						Т		27 28 afety Airbasystem Statu	29 Airbag	30 3 Eject Trap Code Code	1 32 Injury	33 Transp.		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex		ystem Statu		Code Code 0 0	Status 10	Code 1	Medical Facil	ity
	1									+	0 0	10	1		
,															
1	Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist	A Type	14 Action	15 Lo	ocation	16	Conditio	n 17		Hit/Ru	ın Mop	ed
	License#_	License# St DOB/Age				eReg # J95164			Reg Type_CON				Reg State_MA		
	Sex Lic.	Class 18 1	8 Lic. Restrictions	19 CDL	Vel	Year_2003	V	eh Mak	_e GMC				Config	20	
	Operator	Last	First	Endorsme	ent Ow	ner MUNICH	ELLO	WI	LLIAM			Mic			_
1	Address		First	Middle	Ad	dress 51 PEARS	ON RD		Fi	rst		Mic	idle		
	City State Zip Insurance Company STANDARD FIRE					City_BELMONT State_MA Zip_02478						02478	_		
						nicle Action Prio	r to Cras	h 1	1 21	Dam	naged Are	a Code	(Circ	le Up to Thr	ee)
						Event Sequence 1 22 22 22 22 23 4									
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriag						riage			
	Violatio	n 1: ChSe	Dri	Driver Contributing Code 1 24 24											
	Violatio	n 3: ChSe	ec Violation	4: ChSec	Un	derride/Override		25 To	wed_N	_@_ -	,	7	6		
			operator and all	occupants involved				26 Seat Sa	27 28 afety Airba	29 Airbag	30 31 Eject Trap		33 Transp.		
	Name (Last Fi	rst Middle) Non-Motorist		Address See Above		Age/DOI	- Sex	Pos. S	System Stati	us Switch	Code Cod		Code	Medical Faci	lity
	*														\dashv
								+							\dashv

Pol Date of Crash	Time of Crash		Commonwea Motor				Jumber	Number	RM Speed Lin		State Police	
05/10/2021	05:28	NEWTON			cle Cra	l v	ehicles	Injured	Latitude _		State Police Local Police MBTA Police	
	24HR	RSECTION:		LOCAT	Report	>	3	0 NOT	Longitude AT INT		Other:	
	ALINIE	RSECTION:		DCAI	ION ,			NOI	ALINI	EKSEC	JION:	
			1 (0)									
Route# Direc	ction	Name of Roa	adway/Street	R	oute# Direction	n Addre				Roadway/		
				-	Feet	SEW	of –	Mile Ma	• irker	or	Exit Number	
Route# Direct	ction	Name of Intersecting R Also at Intersect	·		Feet N	SEW	of					
1					Feet N	N S E W	of	Route#	Interse	cting Road	lway/Street	
Route# Direction Name of Intersecting Roadway/Street				Landmark								
X Vehicle 3	0_#Occupants	Hit/Run	Moped Case N	Number		2100	0000326					
T: "		- 01			CR718			D T	PΔN	D.	g MA	
License#	18	18	DOB/Age	Reg # 3	ar 2020				PAN		20	
Sex Lic.			CDL Endorsment				MIKE			_ ven Coi	nng. 2	
II .		First	Middle	Address	SURETTE Last 10 ELANE RI)		First		Middle		
			Zip		ONEHAM				Stat	e MA	Zip 02180	
	npany COMMEI		r		Action Prior to	Crash	11 21				Circle Up to Thre	
٦			ling to Emergency? N			2 22	22	22 2	3	3	4	
]	Issued)	-	5 5 57		,	23					10 Undercarr	
`	·		ChSec		L Contributing Co		24	24		<u>'</u>	5 11 Totaled	
1	1 3: ChSe		de/Override	25	Towed		<u> </u>	, ,	6			
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				4 /DOD	Seat Seat	6 27 Safety	28 29 Airbag Airbag	30 31 Eject Trap	32 Injury Tra	33 nsp.	
Operator			Address See Above		Age/DOB	Sex Pos.	- System :	Status Switch	Code Code	\$tatus Co	de Medical Facili	
Please Select (One —		_	14		5]	1	6	17	1	<u> </u>	
of the Followi	I Vehicle	e# Occupants	Non-Motorist A Type	e	Action	Location	on	Condit	ion	Hit	t/Run Mop	
License#		St	DOB/Age	Reg#_	Reg # Reg Type Reg State							
Sex Lic.	Class 18	Lic. Restrictions	19 CDL	Veh Yea	ar	Veh N	ſake			_ Veh Co	nfig.	
Operator	Last	First	Endorsment	Owner _	Last			First		Middle		
Address			 		3							
City		State_	Zip	StateZip								
Insurance Con	Insurance Company					Crash	21		Ü	,	Circle Up to Thre	
Vehicle Travel	Vehicle Travel Direction: NSEW Responding to Emergency?											
Citation # (If Issued)				Most Harmful Event 9 5 11 Totaled								
1	Violation 1: ChSec Violation 2: ChSec					ode 25		24 8			6	
			: ChSec	Underri	de/Override		Towed_		30 31	32	33	
Name (Last F	irst Middle)	r operator and all oc	Address		Age/DOB	Sex Pos	Safety A s. System	28 29 Airbag Airbag Status Switc	30 31 Eject Trap Code Cod	Injury Tra	nsp. ode Medical Faci	
Operator	/Non-Motorist		See Above				-					



Crash Narrative:

At approximately 0558HRs on Monday, May 10, 2021, I responded to 303 Auburn St. for a report of a 3 car motor vehicle crash. Upon arrival, I observed the 3 vehicles in question, which included MV1 (MA Pass: 922WA6) in the roadway and MV 2 (MA Con:J95164)/MV3 (MA Pass:3CR718) which were angle parked.

Upon speaking with the operator of MV1, they stated that they were traveling on Auburn St. (West Bound), when their coffee cup fell out of the cup holder and as they attempted to catch it, they inadvertently caused MV1 veer out of the roadway, colliding with MV2 and push it into MV3 and a city tree in front of the above address. Upon processing the scene, I observed damage to the driver's side fender/hood area of MV1, where it struck MV2. MV2 sustained damage to its driver's side fender/hood area, center bumper/hood area and passenger's side fender/hood area; its rear bumper where it struck the tree did not show any signees of

Witnesses:
Name (Last, First, Middle)

Property Damage:

Owner (Last, First, Middle)

Address

Phone # 34-Type Description of Damaged Property

Description of Damaged Property

Description of Damaged Property

Truck and Bus Information:	Registration #	(From Vehic		35	
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #: S	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gross	S Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

CHRISTOPHER G HOWES 38804 NEWTON POLICE DEPARTM 05/10/2021
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	Direction 1	→ Vehicle 1	2 ≢Vehicle 2	₹Pedestri	an	
Crash Diagram:	ie: → 🛚	→	2	₽		
					If Crash <u>Did No</u>	
					☐ Off-Street Park	ing Lot
					Garage	
	 	 			☐ Mall/Shopping	Center
					☐ Other Private W	/ay
					Indicate North by	Arrow
					()	
Cua da Na matir ca					L	
Crash Narrative: outward damage. MV3 susta	ained damage to	ite driver!e	side fender/	humner are:	The operator of MV1 re	norted no
injuries and the remaining						ported no
Todys Services arrived as						o examine
the tree. And I cleared					-	
		· 				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	_		(From V	Pehicle Section)		35
Carrier Name					Carrier Issuing Authority C	ode
Address					Г	36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code	ross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material N	Jame		Material 4 d	ligit # Release code	42
CHRISTOPHER G HOWES		38804	1 NE	WTON POLICE DEPARTA	05/10	/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)