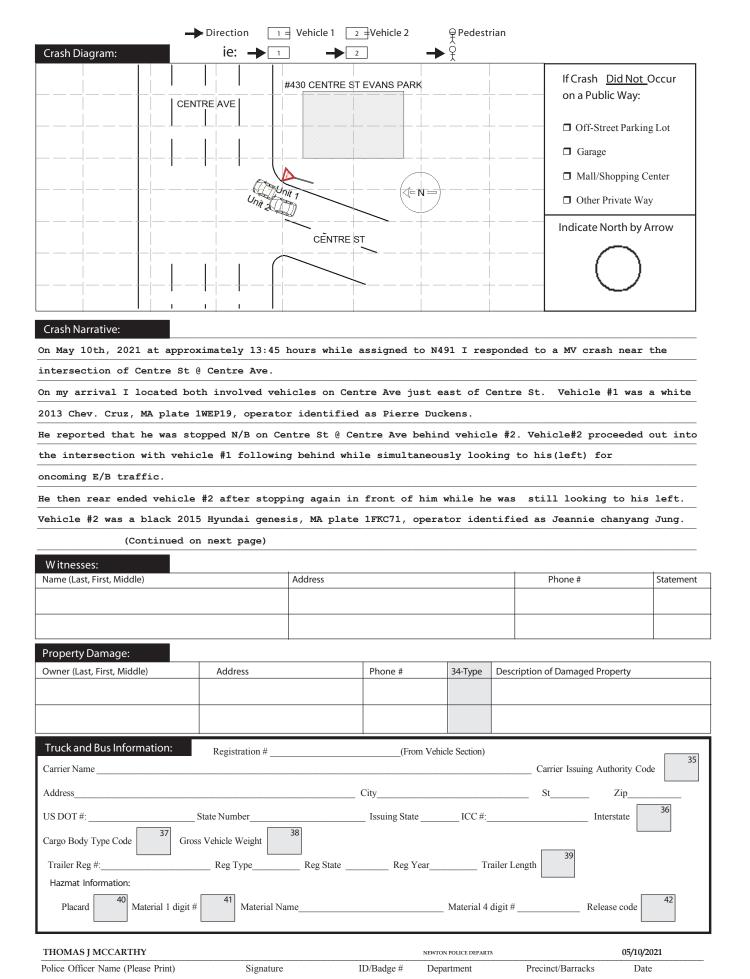
	Poli	ce Use Only		Comm	onweal	th o	of Mass	ach	iuse	etts			RM	V Doc	umen	t Number	
	Date of Crash 05/10/2021	Time of Crash	1	own	Motor '	Vehi	icle Cra	ash		mber hicles	Nun Inju		eed Lim		Si	tate Police ocal Police IBTA Police	□ Xi
	05/10/2021	13:43 24HR	NEWTON		Poli	ce F	Report		2		1		ngitude _			IBTA Police other:	
						LOCATION > NOT AT INTERSECTION:							2				
	NOR	TH CENTR	E ST														2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							eet	_ 2			
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of • or											
						Mile Marker Exit Number								_			
						Feet N S E W of Route# Intersecting Roadway/Street								- -			
2 1	Day Day Charles Day 1991					Feet NSEW of										2	
3	Route# Direction Name of Intersecting Roadway/Street					Landmark											
3	XVehicle1 1_#Occupants ☐ Hit/Run ☐ Moped Case Number 2100000328																
	License#		St_	IA DOB/Age		Reg#1	IWEP10				Reg	Type P	AN	Re	eg Stat	e_MA	
	Sex_M Lic. 0	Class D 18 13	8 Lic. Restriction	ons 9 19 CDI		Veh Year 2013 Veh Make CHEV Veh Config. 1											
4	Operator DUCKENS PIERRE Endorsment					Owner THOMPSON MANEL										- 1 1	
4	Address 651 B	Address 651 BROADWAY ST					Address POBOX 490808									1	
	City EVERETT State MA Zip 02149 Insurance Company GOVT. EMPLOYEES					City EVERETT State MA Zip 02149											
						Vehicle Action Prior to Crash 3 Damaged Area Code: (Circle Up to Three)									ee)		
5	Vehicle Travel Direction: NSWW Responding to Emergency? N						Event Sequence 1 22 22 22 22 23 4										
		ssued)				Most Harmful Event 1 23								age			
	Violation	1: ChSec	Violatio	on 2: ChSec		Driver	Contributing C		5	24	24)	11 Totaled	
⁶ 1	Violation	3: ChSec	c Violatio	on 4: ChSec		Underri	ide/Override		25	Towed	N N	8	7		6		
	Please fill out for operator and all occupants involved								26 Seat			29 Airbag Eje	30 31 cet Trap de Code	32 Injury	33 Fransp.		1
	Name (Last First Operator	Name (Last First Middle) Address Operator See Above				Age/DOB Sex				26 27 28 29 30 3 3 3 3 3 4 3 4 3 5 4 4 99 0 0 0				Status	tatus Code Medical Facility 10 1 NONE		1 1
	1									-		,,		10	_		
3	Please Select C of the Followi	IX Vobiclo	2 <u>3</u> #Occupa	nts Non-Mot	torist A Type	14	4 Action	15 Lo	ocation	1	Cc	ondition	17		Hit/Ru	ın Mop	ed
	License#	3//4				Reg # 1FKC71				Reg Type PAN				Reg State MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL					Veh Year 2015 V								Veh Config. 1			_
8	Operator JUNG JEANNIE CHANYANG					Owner (Same as operator)											
4	City WALTHAM State MA Zip 02451 Zi					Last First Middle Address											
													State	;	Zip		
		_{pany} GOVT EM		1		-	Action Prior			2 21	Π	Damag				le Up to Thre	ee)
	Vehicle Travel			esponding to Emerg	gency?N		Sequence 1	22	22	22	22	2	3		4		
	Citation # (If Issued)					Most Hornful Event 23									age		
	Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24								1		11 Totaled						
	Violation 3: ChSec Violation 4: ChSec Underride/Override																
	Please fill out for operator and all occupants involved						26 27 28 29 30 31 32				33 Transp.		\dashv				
	Name (Last Fi	rst Middle) Non-Motorist		A See A	hove		Age/DOB	Sex	Pos.	System	Status 4	Switch C	ode Code	Status	Code 1	Medical Facil	ity
	YOON, DASO			Sec A				F	3					10		NONE	
	•						<u> </u>	r	3	1	4	99 0	0	10	1		
	PARK, SUN M	IIN						F	9	1	4	99 0	0	10	1	NONE	



→	▶ Direction 1	Vehicle 1 2	Vehicle 2	Pedestr	ian			
Crash Diagram:	ie: 🕕 🛚	→ 2	□ →	Ŷ				
					If Crash <u>Did No</u> on a Public Way:	I .		
					Off-Street Park	ing Lot		
		į į	į		☐ Mall/Shopping	Center		
				+	Other Private W			
		 		+	Indicate North by			
Crash Narrative: She reported that she was s	stopped N/B on	Centre St @	Centre Ave Sh	e then h	egan to proceeds out int	o the		
intersection of Centre Ave								
then rear ended by vehicle	#1.							
Operator to vehicle #2 was	checked out by	y the medics	due to being p	regnant 1	but signed a patient refu	sal.		
Neither vehicle needed a to	ow.							
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:	Registration #		(From Vehic	cle Section)				
Carrier Name				Carrier Issuing Authority C	_ Carrier Issuing Authority Code 35			
Address			City		St Zip	St Zip		
US DOT #: State Number Issuing State ICC #: Interstate								
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length 39			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material N	fame		Material 4 d	ligit# Release code	42		
THOMAS J MCCARTHY			NEWTO:	N POLICE DEPARTA	05/10	/2021		

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)