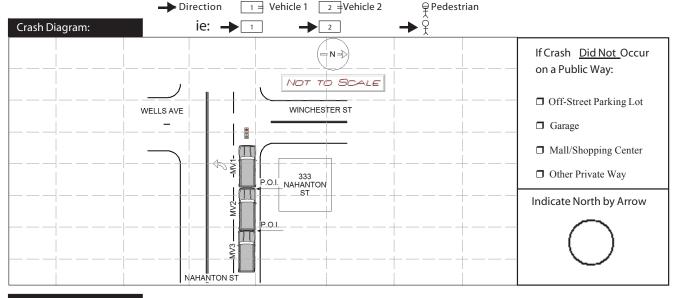
| | Poli | ice Use Only | | Comn | nonweal | lth o | f Mass | ach | use | etts | | | RM | V Doc | umen | nt Number | |
|-----------------------|--|---|-------------------|------------------|-----------------|---|--|----------|--------------------|--------------------------|--------------------------|----------------------------|----------------------|------------------------|---------------------------|---|------------|
| | Date of Crash 05/12/2021 | Time of Crash 17:23 | City/ NEWTON | Town | | | icle Cra | sh | Vel | mber hicles | Num Inju | ed L | peed Lim | | | tate Police ocal Police MBTA Police | XI D |
| | | AT INTER | SECTION | • | | OCAT | Report | > | 3 | | 0 N(| | ongitude T INT | | | other: | |
| | | ATINIEN | SECTION | • |] \ L | JOCAI | HON | <u> </u> | | | 110 |)1 A | 1 1111 | LINS | ECI | ION. | 2 |
| 1 | WES | | NTON ST | CD 1 (G) | | _ | | | | | | | | | (0. | | |
| 1 | Route# Direction Name of Roadway/Street At WINCHESTER ST | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | eet | _ 2 10 | |
| | | | | | | Feet NSEW of or Exit Number | | | | | | | | | - | | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | Feet [N S E W] of | | | | | | | | | | | |
| 2 | | | | | | | Feet [| N S E | | of | Rou | te# | Interse | cting R | .oadwa | y/Street | 2 |
| 1 | Route# Direction Name of Intersecting Roadway/Street | | | | | Landmark | | | | | | | | | | | |
| 3 | XIVehicle1 | #Occupants | ☐ Hit/Ru | n Mop | ed G | • | | | | | | | | | | | 7 |
| | 24 * ********************************** | | | | Cabe 1 | lumber | | | 210000 | | | | | | | | 4 |
| | License# | 18 1 | St_ | 19 | | Reg#_6 | | | | | | | AN | | - | 20 | - |
| | Sex_F_ Lic. | | Lic. Restrict | | DLndorsment | | ear_2010 | | | | | | | _Veh | Config | g. 2 | |
| 3 | Operator SAN | | ELAINE First | | Middle | Owner (Same as operator) Last First Middle | | | | | | | | | | | - 1 |
| | Address 76 W | | | 364 | | Address | | | | | | | | | | | - |
| | City WEST ROXBURY State MA Zip 02132 Insurance Company COMMERCE INSURANCE CO | | | | | CityStateZip | | | | | | | | | | | |
| 5 | 1 | | | | | Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Damaged Area Code: (Circle Up to Three) 2 22 22 22 23 4 | | | | | | | | | | | ;e) |
| 1 | Vehicle Travel | Direction: N | S E X | esponding to Emo | ergency?_N | Event S | Sequence 1 | | 3 | 22 | 22 | | \bigcap | \overline{A} | $\int_{-\infty}^{\infty}$ | 10 Undercarri | iage |
| | ` | ssued) | | | | Most H | Iarmful Event | 1 1 | | 24 | 24 | 1 4 | .] | | Ð | 11 Totaled | lage |
| ⁶ 1 | 1 | | | on 2: ChS | | | Contributing C | | 1 | | | 8 | <u> </u> | <u> </u> | ر 6 | | |
| 1 | Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved | | | | | | Underride/Override Towed N | | | | | | | | | 1: | |
| | Name (Last Fir | | ator and all oc | Address | | | | | | | | | Medical Facili | 1 1 | | | |
| | Operator | | | Sec | e Above | | | | | 99 | 4 | 99 0 | 0 | 10 | 1 | | |
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| ⁷ 2 | Please Select C of the Followi | | 2 <u>2</u> #Occup | ants Non-N | Motorist A Туре | 2 | 4 Action | 15 Lo | cation | 1 | 16 Co | ndition | 17 | | Hit/Ru | un Mop | ed |
| | License# | License#St XX DOB/Age | | | | | Reg # 95G180 Reg Type PAN Reg State MA | | | | | | | | | _] | |
| | Sex_M Lic. | Sex M Lic. Class 99 18 18 Lic. Restrictions J CDL | | | | | Veh Year 2008 Veh Make FORD Veh Config. 20 | | | | | | | | | | |
| 8 1 | Operator Lucas Da SILVA GILBERTO Endorsment | | | | | Owner DA SILVA LUCAS JOSIANE BRIGIDA Last First Middle | | | | | | | | | | _ | |
| _ | Address 105 DELMONT AVE (apt. 14) | | | | | Address 105 (apt. 9) DELMONT AVE | | | | | | | | | | _ | |
| | City LOWELL State MA Zip 01852 | | | | | | City LOWELL State MA Zip 01852 | | | | | | | | _ | | |
| | Insurance Company_GEICO GENERAL | | | | | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | | ee) | |
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| | Violation 3: ChSec Violation 4: ChSec | | | | | | Underride/Override 25 Towed N 8 7 6 | | | | | | | | | | |
| | Pl Name (Last Fi | | operator and | all occupants in | volved | | Age/DOB | Sex | 26 Seat Pos. | 27 Safety 2 System | 28 Airbag A Status | 29 irbag Ej Switch C | 30 Trap Code Code | 32 Injury Status | 33 Transp. Code | Medical Facil | lity |
| | | Non-Motorist | | See | e Above | | Age/DOB | | | | | 99 0 | | Status 10 | 1 | wicuical Facil | 14.y |
| | PEIXOTO, GIV | VANIO CARLO | S | UNK MA | | | | М | 3 | 99 | 4 | 99 0 | 0 | 10 | 1 | | \neg |
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| STEPHEN State St | Pol Date of Crash | Time of Crash | | Commonwea Motor | | | | Setts Number | Number | | RMV D |) s | t Number State Police | |
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| Routed Direction Name of Readway/Street Routed Direction Name of Intersecting Roadway/Street Feet N N N N N N N N N | | | | | | | | 3 | | _ | | | | |
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| Foot NS E W of Mile Marker or Exit Number | | | | | | | | | | | | | | |
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| Route# Direction Name of Intersecting Randway/Street Landmark | 1 | | Also at intersec | tion with | | | | _ | Route# | Int | tersecting | Roadwa | ay/Street | |
| License # | Route# Direc | etion | Name of Intersecting | ng Roadway/Street | - | reet [r | | 7 01 | | | Landm | orle | | |
| License# St MA DOB/Age = Reg # 659VF Reg Type FAN Reg State MA Lic Class D 18 18 Lic Restrictions 19 CDL Endorment Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20 Operator DONAHER STEPHEN Total Tot | [V]xz.1.1.1.2 | 1 #0 | | Пиш | | | | | | | Landin | ark | | |
| See M Lic. Class D B Lic. Restrictions 1 D DL Productions Operator DONAIER STEPHEN Models Address 21 LOCKELAND AVE (apt. 1) City ARLINGTON State MA Zip 02486 City ARLINGTON State MA Zip 02486 City ARLINGTON State MA Zip 02486 City Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E N Responding to Emergency? N Vehicle Travel Direction: N S E N Violation 3: Ch See Violation 4: Ch See Underride/Override D See Above Please fill out for operator and all occupants involved Models Address See Above Non-Motorist A Type Address Add | Venicies | 1_#Occupants | | Moped Case I | Number | | 210 | 0000338 | | | | | | |
| Veh Class D Lic Restrictions 1 CDL Endorsment Doperator DONAHER STEPHEN Endorsment Manage Address Licus From Manage Address Licus | License# | | | | Reg # _6 | 539VF | | | _Reg Typ | e_PAN | | Reg Sta | | |
| Operator DONAHER STEPHEN Address 21 LOCKELAND AVE (apt. 1) Address 22 21 Address 22 22 Ad 10 Undercarris Address 32 25 25 25 25 25 25 25 25 25 25 25 25 25 | Sex_M_ Lic. | Class D 16 | | 1 CDL | Veh Ye | ar_2016 | Veh ! | Make_TC | YOTA | | Ve | h Config | g. 2 | |
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| Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E Responding to Emergency? N Citation # (If Issued) Please fill out for operator and all occupants involved See Lic. Class # St DOB/Age Reg # Reg Type Reg State Veh Glowing: License # St DOB/Age Reg # Reg Type Reg State Veh Glowing: Operator | Address 21 LO | OCKELAND AV | VE (apt. 1) | | Address | 5 | | | | | | | | |
| Vehicle Travel Direction: NSEX Responding to Emergency? Notation # (If Issued) Violation 1: Ch. Sec Violation 2: Ch. Sec Underride/Override Please Fill out for operator and all occupants involved Address AgeDOB Sec Proc. Space Notation 1: Ch. Sec Underride/Override Please Select One of the Following. Sec Notation 1: Ch. Sec Underride/Override Please Select One of the Following. Sec Notation 1: Ch. Sec Underride/Override Please Select One of the Following. Sec Notation 1: Ch. Sec Notation 1: Ch. Sec Underride/Override Please Select One of the Following. Sec Notation 1: Ch. | | | | | City | | | | | | | | | |
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| Please fill out for operator and all occupants involved Name (Last First Middle) Please Select One of the Following: Ple | Violation | 1: ChSe | ec Violation 2: | ChSec | Driver | Contributing Co | | 24 | | | \bigcirc | | | |
| Please Select One of the Following: | | | Underri | de/Override | | | <u>N</u> | | , | | | | | |
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| Condition Cond | Operator | | | See Above | | | | 99 | 4 99 | 0 | 0 10 | 1 | | |
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| Sex Lic. Class | of the Followi | ing: Venici | e# Occupants | Non-Motorist A Typ | be | Action | Locati | on | Condit | ion | | HIT/KI | un Mope | |
| Sex Lic. Class | License# | | | Reg#_ | | | | | | | | | | |
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| Violation 3: ChSecViolation 4: ChSecUnderride/Override | Violatio | Violation 1: ChSecViolation 2: ChSec | | | | | Driver Contributing Code | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facili | | | | | Underri | de/Override | | | | 120 | / | | T | |
| Operator/Non-Motorist See Above | | | r operator and all oc | 1 | | Age/DOB | | nt Safety . System | Z8 Z9 Airbag Airbag Status Swite | g Eject ch Code | Trap Injur Code Sta | y Transp | | |
| | Operator | /Non-Motorist | | See Above | | | | | | | | | | |
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Crash Narrative:

The operator of MV3 stated he was stopped at the traffic light Westbound on Nahanton St. at the intersection of Winchester St. He stated he took his foot off the break to proceed straight, and due to the glare of the sun impairing his vision, he rear ended MV2. MV3 sustained minor front end damage and the operator was able to drive away from the scene.

As a result of being rear ended by MV3, MV2 then rear ended MV1. The operator of MV1 left prior to my arrival after exchanging information. MV2 sustained minor damage to the front and rear end. The operator and passenger of MV2 reported no injuries.

The operator of MV2 was given Massachusetts Uniform Citation # T2012850 in hand for Ch. 90 Sec. 10 Unlicensed

Operation. MV2 was driven from the scene by a licensed operator. See incident report # 21020378.

| Witnesses: | | | | | | | | | | | |
|--|----------------|----------------------|-----------------|--------------|-----------|----------------------|----------------|----|--|--|--|
| Name (Last, First, Middle) | Address | | | Phone # | Statement | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Property Damage: | | | | | | | | | | | |
| Owner (Last, First, Middle) | Address | Phone # 34-Type Desc | | | | ription of Damaged P | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | ele Section) | | | | 35 | | | |
| Carrier Name | | | | | | Carrier Issuing A | Authority Code | | | | |
| Address | | | City | | | | | | | | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | In | nterstate | 36 | | | |
| Cargo Body Type Code 37 Gross Vehicle Weight 38 39 | | | | | | | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer L | | | | | | |
| Hazmat Information: | | | | | | | | | | | |
| Placard 40 Material 1 digit # | | Material 4 | digit# | Rel | ease code | 42 | | | | | |
| | | | | | | | | | | | |