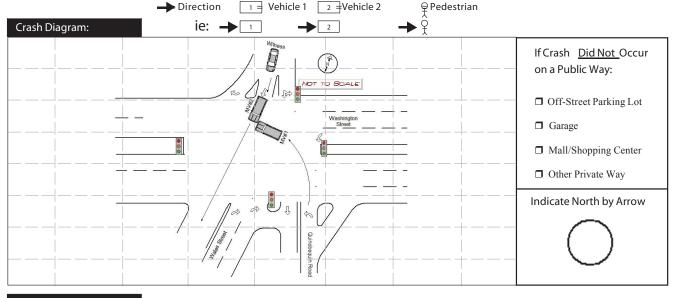
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	setts	5		RMV	V Docun	nent Number	
	Date of Crash 05/20/2021	Time of Crash 17:53	City/Tov NEWTON	MIOTOI		icle Cra	ısh [Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	NA NA
	,,	24HR				Report		2	2		gitude_		Other:	
		AT INTER	RSECTION:	< I	LOCAT	ΓΙΟΝ	>		NO	T AT	INTI	ERSEC	CTION:	
	sou	TH WALES	ST											
1 1	Route# Direct	tion		Roadway/Street		Route# Direction	on Ad	dress #		Na	ame of F	Roadway/	Street	_ 2 ¹
	WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or Fuit Number								- -
						Mile Marker Exit Number Feet NSEW of								
2						Route# Intersecting Roadway/Street								$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$
² 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3	[V]\$7.12.1.1	1 #0	Landmark									┪		
	Vehicle1	1_#Occupants		Moped Case I	Number		21	.00000364	Į.					
	License#	18 1	St IL	DOB/Age		5AW157				ype_PA		Reg S	State MA	_
	Sex_M_ Lic. 0	Class D	Lic. Restrictions	1 CDL		ear 2012						Veh Cor		
⁴ ₃	Operator LOI	PEZ ZABALETA	GERSON	R Middle	Owner LOPEZ-ZABALETA ANGEL J								- 1 1	
	Address 8 CLA					8 CLAPP ST						3.5.		-
	City WORCES			e MA Zip 01610	City _V	VORCESTER							2ip <u>01610</u>	-
5	Insurance Com	pany QUINCY N			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									ee)
5 1	Vehicle Travel	Direction: N	S E X Respo	onding to Emergency? N	Event Sequence 1 22 22 22 22 22 23 4 10 Undercarriage									
	Citation # (If Is	·			Most F	Harmful Event	1	24	(—	9	$(\mid \mid \mid)$	5 11 Totaled	lage
⁶ 1	1			2: ChSec	Driver	Contributing C	ode 9]9		3	7		6	
1				4: ChSec	Underr	ride/Override		Tow	ed Y		0 31	32	22	1
	Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above					Age/DOB Sex Safety Airbag Airbag Eject Trap Injury Transp. Sex System Status Switch Code Code Status Code Medical Facility							1 1	
								1	4 4	0	0	9 1		
⁷ 8	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupants	Non-Motorist A Typ	e 1	4 Action	Loca	ition	16 Cor	dition	17	Hit	/Run Mop	ed
	License#		St_MA		Reg # 1EXL55 Reg Type PAN Reg State M						State MA	_]		
	Sex_F Lic. 0	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2014 Veh Make AUDI Veh Config. 2						nfig. 20	
⁸ 3		Operator MELTON KIMBERLY A Endorsment Last First Middle					Owner (Same as operator) Last First Middle							
	Address 17 DU	UXBURY RD		Address								-		
	City WELLESLEY State MA Zip 02481 Insurance Company COMMERCE					City State Zip Damaged Area Code: (Circle Up to Three)								-
														ee)
	Vehicle Travel	Direction: N	Event Sequence 1 22 22 22 22 3 4											
	Citation # (If Is	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled 5 11 Totaled							nage				
	Violation	n 1: ChSe												
		n 3: ChSe	Underride/Override Towed N											
	Plo Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 Safety Pos. Syste		29 30 rbag Ejec witch Coo) 31 Trap de Code	Injury [Fra	33 nsp. ode Medical Faci	lity
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	9 1		



Crash Narrative:

(Continued on next page)

The OP. of MV#1 stated he was coming from Quinobequin Road with a green light and was making a left turn onto Washington Street. He observed MV#2 suddenly drive forward and tried to avoid the vehicle but they still collided together.

The OP. of MV#2 stated she was waiting on Quinobequin Road and when the light turned green, she drove forward to continue onto Wales Street. She stated MV#2 must have ran the red light for Washington Street westbound and they collided together.

Witness#1 stated she was behind MV#2 waiting for the light to turn green when MV#2 suddenly drove forward on a red light. Witness#1 assumes the OP. of MV#2 was looking at the wrong green light because it's a confusing intersection. She was focused on MV#2 and only noticed MV#1 coming from the left direction and then those

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
nymy cong. Canor	771 CHARLES RIVER ST NEEDHAM,MA 02492		N

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property

Truck and Bus Information: Registration #		(From Vehic	le Section)		35
Carrier Name			Carrier Issuing Authority Code		
Address		City		St	Zip
	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

-	→ Direction	1 \Rightarrow Vehicle 1 2	v ≠Vehicle 2	Pedestria	ın			
Crash Diagram:	ie: →□	12	□ →	₽				
					If Crash <u>Did Not (</u> on a Public Way:	Occur		
		_			Off-Street Parking	g Lot		
		 			Garage			
	į	į į	į	į	☐ Mall/Shopping Co	enter		
					— — ☐ Other Private Way	y		
		ļ			Indicate North by A			
		 -						
		+		+				
C IN C								
Crash Narrative: two vehicles collided toge	ther							
There are separate signal		traffic on Q	uinobequin Roa	ad southbor	und. One light is for tra	ffic to		
continue onto Quinobequin								
Wales Street or to make a	right curve or	nto Washington	Street.					
Both operators signed a me	edical refusal	and will seek	medical atter	ntion them	selves.			
Witnesses:		1				1-		
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	Description of Damaged Property				
Truck and Bus Information:	Registration #		(From Veh	icle Section)				
Carrier Name					Carrier Issuing Authority Coc	le 35		
Address	ss City							
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36		
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length 39			
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material 1	Name		_ Material 4 dig	git # Release code	42		
RAYMOND H CHIEU			NEWT	ON POLICE DEPARTS	05/20/2	021		

CDP1 11 ·24·00

Police Officer Name (Please Print)