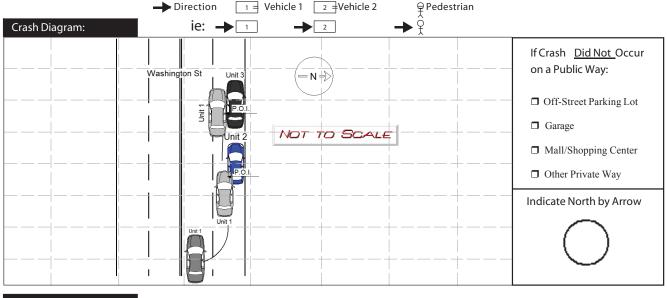
	ice Use Only				of Massa		etts					ent Number	
Date of Crash 05/23/2021	Time of Crash 16:13	City/T NEWTON	own Mo		ehicle Cra	sh N	lumber ehicles	Numbe Injured		d Limit		State Police Local Police MBTA Police	N N
03/23/2021	24HR				Report		3	0		itude_		Other:	; ப
	AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT	INTE	RSEC	TION:	
					WEST	449		WASHI	NGTO	N ST			
Route# Direc	tion	Name o	f Roadway/Street		Route# Direction	on Addre	ess #		Nan	ne of Ro	oadway/S	Street	
_			At		Feet 1	N S E W	of –		•	o	r		
Route# Direc	etion N	Name of Intersecti	ng Roadway/Street				,	Mile N	Iarker			Exit Number	_
		Also at Inte	rsection with		Feet [N S E W	of	Route#	— Ir	ntersecti	ing Road	way/Street	-
Route# Direc					Feet [N S E W	of				8	,	
Route# Direc	tion	Name of Inters	ecting Roadway/Street							Lanc	dmark		
XVehicle1	#Occupants	Hit/Run	Moped	Case Numb	er	2100	000375						
License#		St M	A DOB/Age	Res	g# PADDY5			Reg Ty	ne PAN	1	Reg S	state_MA	
Sex_F Lic.	18 1		19		Year 2021		_{fake} JEE					20	
Operator DEI		MOLLY	Endorsm	ent Ow	ner DELAHUNT	Y .	ASHLE	Y					
Address 141 L	ANGDON STR	First EET	Middle		dress 25 WOODCI		D	First			Middle		_
City NEWTO			tate MA Zip 02458		WELLESLEY HI					State 1	MA Z	ip 024811416	_
	npany AIG PROF				nicle Action Prior to		21					ircle Up to Thi	ree)
			ponding to Emergency		ent Sequence 2		22	²² O		0		4	
	ssued)				st Harmful Event	2 23				\\		10 Undercar	riage
			n 2: ChSec		ver Contributing Co		24	24	←	9		5 11 Totaled	
			n 4: ChSec		derride/Override	25	Towed	Y 8		7		6	
		ator and all occ	ipants involved			20 Seat		28 2 Airbag Airb Status Swit	9 30 ag Eject	31 Trap Ir Code \$	32 Tran	33 ISD.	
Name (Last Fir	st Middle)		Address See Abov		Age/DOB	Sex Pos.		Status Swit	Code 0		tatus Cod	Medical Facil	lity
1								- -			10 1		
Please Select (of the Followi	IX Mahida	2 <u>1</u> #Occupa	nts Non-Motoris	st A Type	14 Action 1	5 Locatio	on 1	6 Cond	ition	17	Hit/	/Run Mor	ped
License#		St N	IA DOB/Age	- D	g# 325MW1			Reg Ty	PAN	J	D C	state MA	-
Sex_M Lic.	18 1		19		4 Year 2019	Voh M	Taka BM		pe		Keg S Veh Con	20	-
Operator GO		STEVAN	Endorsm	ent	ner (Same as open		iake				v en con	ing. 1	
	Last OULEVARD RD	First	Middle		dress	t		First			Middle		_
City DEDHA			tate MA Zip 02026		/					State	7	ip	-
	npany THE COM				nicle Action Prior to		21] [amaged			ircle Up to Thi	ree)
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Citation # (If I		S E X	sponding to Emergenc		st Harmful Event	1 23						10 Undercar	riage
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			l occupants involved		JOITING/OVEITINE	20 Seat			9 30 ag Eject	31 Trap In	32 3	33	
Name (Last Fi	irst Middle)		Addres	SS	Age/DOB	Sex Pos	s. System	Status Swi	tch Code	Code	njury Tran Status Co		ility
Operator/	Non-Motorist		See Abov	/e			- 1	4 4	0	0	10 1		
									-				

Poli Date of Crash	Time of Crash		Commonwea				Setts Number	Number		RMV Doc Limit <u>30</u>		
05/23/2021	16:13	NEWTON	MIOTOI		icle Cra Papart	sn	Vehicles	Injured	Latitud	le	Loc	te Police cal Police XTA Police
	24HR	RSECTION:		LOCAT	Report	>	3	0 NOT	Longitu	NTERS		on.
	AIINIE	ASECTION:		LUCAI	ION			NOI	AIII	VIEKSI	ECIN	ON:
 				_								
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					Feet	SEV	v of -	Mile M	• _ arker	or	Exi	t Number
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1					Feet N	N S E V	V of	Route#	Inte	ersecting R	oadway/	Street
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X Vehicle 3	_0_#Occupants	Hit/Run	Moped Case I	Number		210	0000375					
<u> </u>					74/100/12				DAN		_	MA
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			Zip		EWTON					State MA	7in 02	2459
Insurance Com		State_			Action Prior to	Crash	2					Up to Three)
1	1 /	S E W Respond	ling to Emergency? N			22 22	22	22 2		3	4	,
_	ssued)		gg•m•, ·		`	1 23						0 Undercarriag
`	·		ChSec		Contributing Co		24	24	← _/	9	5 1	1 Totaled
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		ator and all occupar			T	Se	26 27 at Safety	28 29 Airbag Airba	30 Eject T	31 32 rap Injury	33 Transp.	
Name (Last Fir			Address See Above		Age/DOB	Sex Po	s. System	Status Switc	n Code C	Code \$tatus	Code 1	Medical Facility
				14		=				17		1
Please Select C of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	e l	Action	5 Locat	ion	Condi	tion	17	Hit/Run	Moped
License#		St	DOB/Age_	Reg#				Reg Typ	ne	Re	eg State	
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Vehicle Travel	Direction: N	S E W Respon	nding to Emergency?	Event S	Sequence 2	22 22	22	22 2	$\overline{}$	3	4	011 1 :
Citation # (If I	ssued)			Most H	armful Event [23		1	← `	9		0 Undercarriag 1 Totaled
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			: ChSec	Underri	ide/Override	25	Towed	8	1	/	6	
Pl Name (Last Fi		operator and all oc	cupants involved Address		Age/DOB		26 27 at Safety os. System	28 29 Airbag Airba Status Swit	g Eject To	rap Injury Code Status	Transp. Code	Medical Facility
	Non-Motorist		See Above									



Crash Narrative:

MV 1 was traveling straight westbound on Washington St when an unknown vehicle cut her off and forced her to change lanes. When the operator of MV 1 changed lanes she rear ended MV 2 and side swiped MV 3. MV 1 sustained major damage to the front right and right side causing it to be disabled. MV 1 was towed by Tody's towing. The operator of MV 1 did not get any plate information or description of the vehicle that cut her off.

MV 2 was legally parked on the side of the right lane facing westbound when MV rear ended him. MV 2 sustained heavy damage to the left rear of the vehicle causing it to be disabled. MV 2 was towed by Tody's towing.

MV 3 was legally parked ahead of MV 2 and unoccupied. MV 1 side swiped MV 3 after rear ending MV 2 causing minor damage to the drivers side rear door. The owner of MV 3 was made aware of the accident.

(Continued of	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	# Sta	atement
Property Damage:	•				,	·	
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		ſ	25
Truck and Bus Information: Carrier Name			`	· ·	Carrier Iss	uing Authority Code	35
						ا	
Carrier Name			City		St	Zip	
Carrier Name Address US DOT #:	State Number		City		St	Zip	
Carrier Name Address US DOT #:	State Number		City		St	Zip	
Carrier Name Address US DOT #:	_State Number	38	City Issuing State	ICC#:_	St	Zip	
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	_State Number	38	City Issuing State	ICC#:_	St	Zip	
Carrier Name	State Number	38 Reg State	City Issuing State	ICC#:Ti	St	Zip3	

 DONALD MURPHY
 NEWTON POLICE DEPARTY
 05/23/2021

 Police Officer Name (Please Print)
 Signature
 ID/Badge # Department
 Precinct/Barracks
 Date

-	Direction 1 =	Vehicle 1	2 = Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1] →[2	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parki Garage Mall/Shopping Other Private W Indicate North by	ng Lot Center ay
Crash Narrative:						
There were no injuries in	the accident.					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
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Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	ode
Address			City		St Zip	
						36
US DOT #:			Issuing State	ICC #:	Interstate	
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Rag Type	Rog State	Dag Vas-	Tro;1	r Length	
	Keg Type	reg state	keg rear_	1 raller	rengtii	
Hazmat Information:	A1				г	42
Placard 40 Material 1 digit	# 41 Material Na	me		Material 4 digit	t# Release code	42
DONALD MURPHY				VTON POLICE DEPARTM	05/23/	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Da	ite

CDP1 11 ·24·00