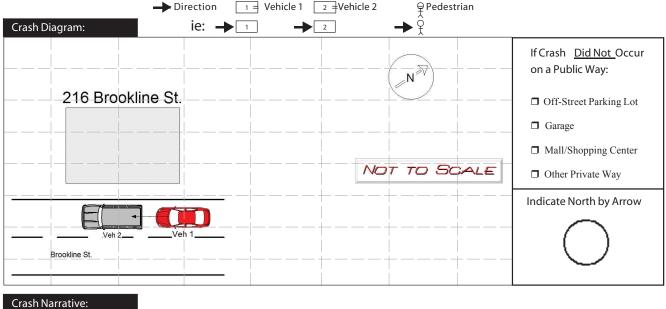
	ice Use Only				of Mass							nent Number	
Date of Crash 05/25/2021	Time of Crash 15:29	n City/T NEWTON	own M		ehicle Cra	ash	Number Vehicles			d Limit ade		State Police Local Police MBTA Police	XI XI
	24HR	2			Report		2	0		gitude_		Other:	
	AT INTE	RSECTION:	<	LOC	ATION	>		NO	AT	INTE	ERSEC	CTION:	
					SOUTI	ı 216		BROOI	CLINE S	ST			
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street						Street		
-			At		Feet	N S E V	V of		•	(or		
Route# Direc	ction	Name of Intersecti	ng Roadway/Street		-			Mile N	1arker			Exit Number	
		Also at Inte	ersection with			N S E V	_	Route#	<u> </u>	ntersect	ting Road	dway/Street	_
Route# Direc	<u></u>	Nome of Interes	ecting Roadway/Street		Feet	N S E V	V of						
Koute# Direc	tion	Name of finters	Culling Koadway/Street	· 						Lan	ndmark		
XVehicle1	_1_#Occupants	s Hit/Run	Moped	Case Numb	er	210	00000380						
License#		St_M		Re	7CY992			_ Reg Ty	pe_PAN	V	Reg	State_MA	
Sex_F Lic.	Class D 18	Lic. Restriction		Vel	n Year 2011	Veh	Make_FC	ORD			Veh Co	nfig. 20	
Operator MA	TUS	YAJAIRA	Endorsn		rner (Same as ope	erator)		First			Middle		_
Address 43 BA	ARROWS ST	PHSt	Midule		dress						Wildle		_
City DEDHA	M	S	tate MA Zip 02026	Cit	у					_State_	2	Zip	_
Insurance Com	npany_THE COM				nicle Action Prior t	o Crash	1 2	1 1	Damageo	d Area	Code: (0	Circle Up to Thi	ree)
Vehicle Travel	Direction: N	X E W Res	ponding to Emergence	ey? <u>N</u> Eve	ent Sequence 1	22 22	22	22 2		3		4	
Citation # (If I	ssued)			Mo	st Harmful Event	1 23			_	9		10 Undercar 5 11 Totaled	riage
Violation	1: ChSe	ec Violatio	n 2: ChSec	Dri	ver Contributing C	ode 5	24	O		ŹÍ		o ii iotaled	
Violation	3: ChSe	ecViolatio	n 4: ChSec	Un	derride/Override	25	Towe	8 d Y		7		6	
Please		rator and all occ	upants involved		Age/DOB	Sex Po	26 27 at Safety	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ide Medical Facil	lie.
Operator	st Wildle)		See Abo		Age/DOB		1	4 4	0	0	\$tatus Co 10 1	BTA	iity
										1-			
Please Select C of the Followi		le2 1_#Occupa	nts Non-Motori	st A Type	14 Action	Locat	ion	Cond	ition	17	Hit	t/Run Mor	oed
License#		St N	IA DOB/Age	Res	2# 3CAB44			Reg Ty	ne PAN	N	Reg	State_MA	
Sex_M Lic.	18	18 Lic. Restriction	19			Veh	Make JE		P*		Veh Co	20	_
Operator DES		FRANK	Endorsn	nent Ow	ner (Same as ope	erator)						<i>S</i> -	
	ONTVALE ST	(apt. 2)	Middle		dress			First			Middle		
City ROSLIN			tate MA Zip 02131		у					State	2	Zip	_
Insurance Com	npany THE COM				hicle Action Prior t			1 I	Damageo	d Area		Circle Up to Thi	ree)
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Pl	ease fill out for		l occupants involve			Se			9 30 ag Eject	31 Trap	32 Injury Tra	33 insp.	
Name (Last Fi	Non-Motorist		Addre See Abo		Age/DOB		os. System	Status Sw 4 4	tch Code	e Code		ode Medical Fac	ility
Sperator/			500 7100				1	7 4	0	0	10 1		
						++	+						



On 5/25/21 I was working N499 when I responded to the area of 7 Spaulding Ln for a report of an MVA with no injuries. Upon arrival I spoke with the operator of Veh 2 first (Frank Desantis). Desantis stated that he was traveling southbound on Brookline St. when the car infront of him abruptly stoped because someone was turning. Desantis stated he was then struck from behind by Mv 1. Desantis also stated that he belived he had made contact with the vehicle in front of him after he was stuck however that vehicle did not stop and left the area, Desantis did not observe any front end damage.

I then spoke with the operator of MV 1 Yajaira Matus who stated that she was traveling southobound on Brookline St. in traffic when the car in front of her abruptly stoped causing her to rear end it. Matus vehicle suffered heavy front end damage and was not driveable. Matus called for her own tow and the vehicle

(Continued of	n next page)				
Witnesses:					
Name (Last, First, Middle)	Addres	SS		Phone #	Statement
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #	(From V	/ehicle Section)		
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg	g State Reg Year	Tra		
Hazmat Information:					
Placard 40 Material 1 digit #	41 Material Name		Material 4 o	ligit#	Release code 42

-	Direction 1 =	Vehicle 1 2	2_≢Vehicle 2	Pedestrian	1	
Crash Diagram:	ie: → 1	→ 2	2	▶ ∳		
Crash Diagram:	ie:				If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot 'enter 'y
	_ 				\ \ <i>\</i> \	
Cua ala Na usua ti			1			
Crash Narrative:						
was parked on the side of	the rd while sh	e waited for	it.			
Both patries stated they	were uninjuried	and were adv	rised and prov	rided an acc	ident report number.	
Witnesses:		,				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)		
Carrier Name				,	Carrier Issuing Authority Cod	35 de
Address			City		St Zip	26
US DOT #:			Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
		D. Ciri	D **	- ·	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:	A1				_	42
Placard 40 Material 1 digit	# Material Na	ime		Material 4 digi	t# Release code	42
PDIAN E CONTEV					OF /SF /S	2021
Police Officer Name (Please Print)	Signature			TON POLICE DEPARTS epartment	05/25/2 Precinct/Barracks Dat	
Tonice Officer Patric (1 fease Fillit)	Signatule		ıD/Dauge π Di	eparament	ricemed Darracks Dal	~

CDP1 11 ·24·00