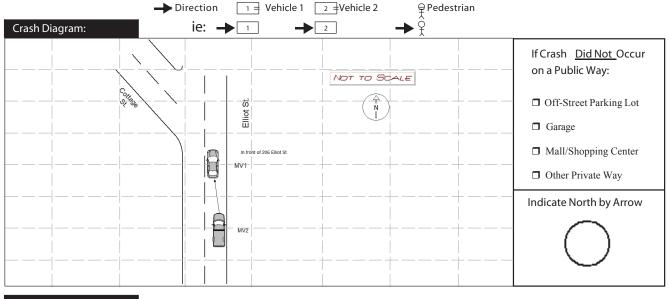
Pol	ice Use Only		Commo	nwealtl	n of	Massa	achu	iset	ts					t Number	
Date of Crash 05/27/2021	Time of Crash 16:10	City/To NEWTON	own M	lotor V	ehic	le Cra	sh	Numl Vehic			Speed Lin		St Lo	ate Police ocal Police BTA Police	N X
03/27/2021	24HR	NEWTON		Polic				2	0		Longitude		Ot	ther:	
	AT INTER	SECTION:	<	LO	CATIO	ON :	>		N	OT A	T INT	ERSI	ECTI	ION:	
						NORTH	206	5	ELL	IOT ST	Γ				
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street								et		
-			At			Feet 1	N S E	W of			•	or			
Route# Direc	ction N	Name of Intersecti	ng Roadway/Street		- -				M	ile Mark	cer		Ex	xit Number	_
		Also at Inte	rsection with		_	Feet N	N S E	W of	Ro	ute#	Interse	cting Re	oadway	y/Street	-
]	<u> </u>				_ -	Feet 1	N S E	W of				Ü		,	
Route# Direc	etion	Name of Interse	cting Roadway/Stree	t							La	andmark			4
XVehicle1	_1_#Occupants	Hit/Run	Moped	Case Num	ıber		2	1000003	386						
License#		St M	A DOB/Age	R	eg # 1B7	ГТ24			Res	Tvpe 1	PAN	Re	eg State	e MA	
Sex_M Lic.	18 19	8	19			2018								20	-
	ΓΟ Last	_	Endorsr	nent		Same as oper									
Address 16 W	ESTWOOD ST	First	Middle			Las						Mid	dle		-
			ate MA Zip 0246									e	Zin		-
	npany PROGRES				-	ction Prior to		4	21					le Up to Thre	_
			oonding to Emergence				22 22			2	3		(4)		
	Issued)		pending to Emergent		,	mful Event	23					A	- 1	10 Undercarr	iage
	,		1 2: ChSec			ontributing Co		1 24	24	1	- /-	2	5	11 Totaled	
			1 4: Ch Sec			/Override	25	1	wed N	8	7	,)	6		
	fill out for opera				Inderride	, o verride			27 28 fety Airbag stem Status	29 Airbag I	30 31 Eject Trap Code Code	32 Injury	33 Fransp.		\dashv
Name (Last Fin			Addre See Abo			Age/DOB	Sex	Pos. \$ys			Code Code	Status 10	Code 1	Medical Facili	ty
Орегию			500 7100					1	*	99	0 0	10	1		\dashv
															\dashv
Please Select 0 of the Followi		2 <u>1</u> #Occupan	ts Non-Motor	ist A Type	14	Action 1	5 Loc	ation	16 C	onditio	n 17		Hit/Ru	in Mop	ed
License#		St_M	A DOB/Age	R	eg#_33S	6G39			Reg	g Type_1	PAN	Re	eg State	e MA	
Sex_M Lic.	Sex M Lic. Class D 18 18 Lic. Restrictions 1 1 CDL				Veh Year 2000 Veh Make								Veh Config. 20		
Operator SW	EENEY	STEVEN	M Endorsr	0	wner _(Same as oper	rator)		Firs			Mid			
Address 19 C	HANDLER ST	First	Middle		ddress _	Las	t		Firs	t		Mid	dle		
City NEWTO	N	St	ate MA Zip 02464	4 C	ity						Stat	e	_Zip_		
Insurance Con	npany COMMER	CE		V	ehicle A	ction Prior to	Crash	1	21	Dam	aged Are	a Code:	(Circl	le Up to Thre	ee)
Vehicle Travel			sponding to Emergen	cy?N E	vent Seq	quence 1 2	22 22		2 22	2	3	λ	4		
Citation # (If Issued) 2014395				M	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								iage		
Violatio	on 1: Ch 90/12 Se	ec Violatio	on 2: Ch Sec	D	river Co	ntributing Co	ode	19 24	24		- /-	<u>'</u>	٦	11 Totaled	
Violatio	on 3: Ch Se	ec Violatio	on 4: Ch Sec	 U	nderride	/Override	25	Tov	wed Y	Ø_	7	,	6		
P	lease fill out for	operator and al	l occupants involve			L			27 28 fety Airbag	29 Airbag	30 31 Eject Trap	32 Injury	33 Transp.		\dashv
Name (Last F	irst Middle) /Non-Motorist		Addr See Abo			Age/DOB			vstem Statu:	Switch	Code Code	Status 10	Code 1	Medical Facil	iity
Operator	1 ton-motorist		Sec Abo					1	4	22	0	10	1		\dashv
															\dashv



Crash Narrative:

MV1 was stopped in front of 206 Elliot St. waiting to turn left onto Cottage St. when MV2 struck the rear end of his vehicle. I asked the operator of MV2 if he was following MV1 too close which he stated "no" that he had looked away for a second and when he looked back up he noticed that MV1 was stopped and that was when he tried to stop and struck the back of MV1. Newton Fire Department was on scene and witnessed the incident.

Both operators did not want medical attention. Operator of MV2 was given a written warning for improper operation 90/12 (Citation #2014395). Operator of MV2 was not given a citation for following too close, due to admitting that he was not close, but had looked away from where he was driving. MV1 was operable and was able to leave the scene. MV2 sustained heavy front end damage and was towed away by Tody's Towing Service.

Witnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:		-						1
Owner (Last, First, Middle)	Phone # 34-Type Des				scription of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35
Carrier Name						Carrier Issui	ing Authority Coo	le
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42

JEREMY FAY		NEWTON POLICE DEPARTM	05/27/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date