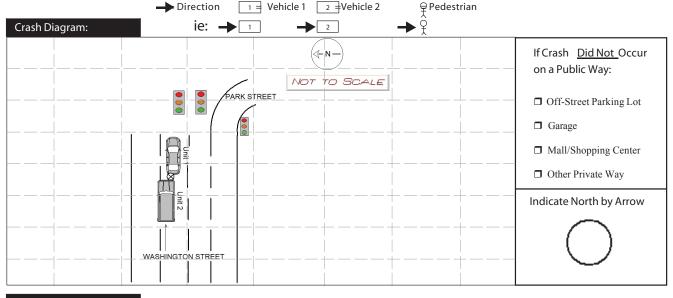
	Poli	ce Use Only		Commo	nwealth	n of	Massa	achı	ıset	ts]	RMV	Docum	ent Number	
	Date of Crash 05/31/2021	Time of Crash 00:40	City/T NEWTON	own N	Iotor V	ehic	le Cra	sh	Num				Limit de		State Police Local Police MBTA Police	N Xi
	03/31/2021	24HR			Police	e Re	port		2	1			tude		Other:	
		AT INTE	RSECTION:	-	< LO	CATIC	ON	>		N	TO	AT I	NTE	RSEC	TION:	
						EAST WASHINGTON STREET										
1	Route# Direct	tion	Name o	f Roadway/Street		Rou	te# Direction	on Ac	ddress #	#		Name	e of Ro	adway/S	Street	_
4	At															
	Route# Direc	Name of Latercation D. January				_ _	Feet NSEW of or Exit Number									
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet X S E W of PARK ST								_		
3	1					Route# Intersecting Roadway/Street Feet N S E W of								way/Street		
3	Route# Direction Name of Intersecting Roadway/Street					Landmark									_	
	XVehicle 1 2 #Occupants Hit/Run Moped Case					hor		2.	100000	380						
			<u> </u>		Case Num											4
	License#	18	St <u>N</u>	DOB/Age			YL4								State MA	-
	Sex M Lic. Class D Lic. Restrictions B CDL Endorsment						2012				.N				ifig. 1	
3	Operator DAI	NG Last	HAI	Middl	O\	Owner LAM-NGUYEN THERESA THO Last First Middle										-
	Address 11 TH	IOMAS ST (apt				ddress _1	1 ANDOVE	R ST								-
	City MALDEN	N	S	tate_MAZip_0214	18 Ci	City DANVERS State MA Zip 01923								ip <u>01923</u>	_	
	Insurance Com	pany_LM GENE	ny LM GENERAL INSURANCE				Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three								ee)	
1	Vehicle Travel	Direction: N	S X W Res	ponding to Emergen	ncy?_N Ev	Event Sequence 1 22 22 22 2 3 4										
	Citation # (If Is	ssued)			М	Most Harmful Event 1 23 10 Undercarr								riage		
	Violation	1: Ch Se	ec Violatio	n 2: ChSec	Dı	river Cor	ا ntributing Co	ode	1 24	24		_	州		5 11 Totaled	
2				n 4: Ch Sec			Override	25	1	owed Y	8		7	-	0	
	Please fill out for operator and all occupants involved					- Inderride	o verride [29 g Airbag s Switch	30 Eject Code	31 Frap Ir Code \$	32 Tran	33	\neg
	Name (Last Fir			Addr			Age/DOB	Sex	Pos. \$y:					tatus Cod	le Medical Facil	ity
	Operator See Above 11 ANDOVER ST				ove	_			1		4			10 1		
	NGUYEN, TR.	NGUYEN, TRAM DANVERS, MA 01923				F			3 1 4 4 0			0	0 9	9 2	2 NEWTON WELLES	
99	Please Select C		e2 <u>1</u> #Occupa	nts Non-Motor	rist A Type	14	Action 1	15 Loc	ation	16	Conditio	on .	17	Hit/	/Run Mop	ned
	of the Following:			3,												
	License # St MA DOB/Age St 18 18 19					Reg # 5VK136 Reg Type PAN Reg State M						State MA 20	_			
	Sex_F Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2016 Veh Make AUDI Veh Config. 2										
1	Operator DAS	Last	DEIA First	Midd	O	Owner (Same as operator) Last First Middle								_		
	Address 7006 AVALON DR					Address									_	
	City RANDOLPH State MA Zip 02368					CityStateZip									_	
	Insurance Company_INTEGON NATIONAL					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N				ncy?N Ev	Event Sequence 1 22 22 22 22 3 4										
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled									riage	
		Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override 25 Towed Y 8 7 6									
				l occupants involv			_ , office			27 28 fety Airba	29 Airbag	30	31 Trap Ir	32 J 3	33	\dashv
ſ	Name (Last Fi	rst Middle)	1	Add	ress		Age/DOB		Pos. S	ystem Stati	is Switch	Code	Code	njury Tran Status Co		lity
	Operator/	Non-Motorist		See Abo	ove	-			1	4	4	0	0	10 1		\dashv
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Crash Narrative:

On Monday, May 31, 2021 at approximately 00:40hrs I, Officer Daly, along with Officer Kayla Donahue responded to a motor vehicle accident. We found the vehicles on Washington Street by Park Street.

Upon arrival I observed both of the involved motor vehicles pulled off to the side of Washington Street by Park Street. I spoke with the operator of MV1 who said he was stopped at the red light when he was hit from behind by MV2. I spoke with the operator of MV2 who said she was traveling Eastbound on Washington Street traveling approximately 20mph. Operator of MV2 said she began pressing down on her breaks due to the red light but said her car continued to slide and would not stop. Operator of MV2 said it was at this point her car collided with MV1. It should be noted it was raining throughout the day and it drizzling at the time of the accident causing the roadways to be wet and slippery.

(Continued on next page)

·										
W itnesses:										
Name (Last, First, Middle)	Address		Phone #	Phone #						
Property Damage:										
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	Description of Damaged Property				
Truck and Bus Information: Carrier Name	Registration #		(From Vehicle Section) Carrier Issuing Authority Code 35							
Address		City		St	Zip					
US DOT #:		Issuing State	ICC #:_		Interstate	36				
Cargo Body Type Code Gross Vehicle Weight Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra						
Hazmat Information:										
Placard 40 Material 1 digit #	me		Release code	42						

-	Direction 1	■ Vehicle 1 2	≥ Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1		2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	og Lot
						S Eot
	- — — — —				☐ Garage	
					☐ Mall/Shopping C	Center
					☐ Other Private Wa	у
			+		Indicate North by A	Arrow
		 	+			
	i i		İ			
Crash Narrative:						
Both MV1 and MV2 were towe	_	<u>-</u>		_		
from their vehicles prior						
injuries. The passenger of		ling ill whil	e on scene a	nd was transp	orted to Newton Welles	ley
Hospital by Fallon Medics.						
Witnesses:		1			DI #	ļ.,
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	cription of Damaged Property	
Truck and Bus Information:						
Carrier Name				ehicle Section)	Carrier Issuing Authority Co	35
						ue
Address						36
US DOT #:	State Number	38	Issuing State	ICC #:	Interstate	30
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 digit	# Release code	42
PATRICK DALY			NE	WTON POLICE DEPARTM	05/31/2	2021
Police Officer Name (Please Print)	Signature		ID/Badge # D	Department	Precinct/Barracks Dat	