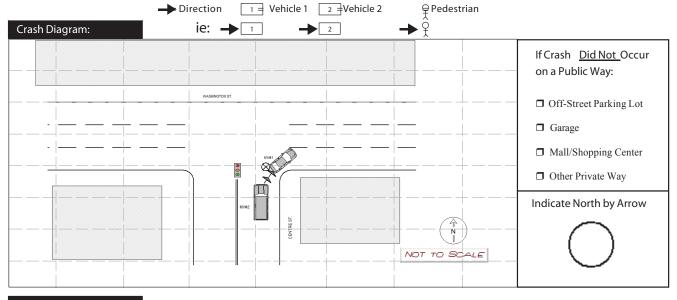
	Poli	ice Use Only		Commonwe	alth	of Massa	achu	setts			RMV	V Docun	ment Number		
	Date of Crash 05/31/2021	Time of Crash 16:28 24HR	NEWTON	MIOTO		nicle Cra Report	sh [Number Vehicles 2		1 Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi	
			RSECTION:	<	LOCA		>		NO	ΓАТ	INTI	ERSE	CTION:	\sqsupset \vdash	
		CENTR	RE ST											2	
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Add	ress #		Na	me of R	Roadway	/Street	2	
	At WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or								_ 4	
					Mile Marker Exit Number									-	
		Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street							dway/Street	- 1	
² 2	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3	_ _ _					Landmark									
	Wehicle1	_1_#Occupants	Hit/Run	Moped Cas	e Number	:	210	00000392						_	
	License#		St MA	DOB/Age	Reg # EV5244 Reg Type PAS Reg State MA									_	
		Sex F Lic. Class D Lic. Restrictions 1 CDL Endowment				Veh Year 2019 Veh Make BMW Veh Config. 20									
⁴ ₅	Operator CH	OU	BONNIE First	B Middle	_ Owne	Owner (Same as operator) Last First Middle									
	Address 5 ME					ess								- 1	
	'	City BELMONT State MA Zip 02478				CityStateZip									
5	Insurance Company AMERICAN FAMILY CONNECT PROPERTY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
3		Vehicle Travel Direction: NSWW Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4 10 Undercarriage								
	`	ssued)				Harmful Event	1	24	24 1	←	9	[]	11 Totaled	iage	
⁶ 1	1			2: ChSec		r Contributing Co	ode 1				7		6		
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Zo Towed Y Seat Safety Airbag Airbag Eject Trap Injury Transp. As TOOP Seat Safety Airbag Airbag Eject Trap Injury Transp.									
	Name (Last Fir	rst Middle)	ator and an occup	Address		Age/DOB	Sex Po	s. \$ystem	Status Swi	ich Code	t Trap c Code	Injury Tra Status Co	nnsp. ode Medical Facil	1 1	
	Operator			See Above				99	4 99	0	0	10 1		_	
														_	
⁷ 7	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupant	Non-Motorist A T	ype	14 Action 1	Locat	ion	16 Cond	lition	17	Hi	t/Run Mop	ed	
	License# St MA DOB/Age				_ Reg#	Reg # 2GRV13 Reg Type PAN Reg State MA							_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				_ Veh Y	Veh Year 2019 Veh Make CHEV Veh Config. 20									
8 4	Operator FUENTES JEAN C Endorsment C Last First Middle				_ Owne	Owner (Same as operator) Last First Middle								_	
	Address 618 BEECH ST					Address								_	
	City ROSLINDALE State MA Zip 02131				_ City_	City State Zip								-	
	Insurance Company_PROGRESSIVE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
	$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$					Event Sequence 22 22 22 22 3 4								riaga	
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 7 6 11 Totaled								lage	
1			ecViolation		Underride/Override Towed N										
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 sat Safety os. System	28 2 Airbag Airl Status Sw	pag Eject	31 Trap de Code	Injury [Fra	33 unsp. code Medical Faci	lity	
	Operator/	Non-Motorist		See Above				99	4 99	0	0	10 1		_	



Crash Narrative:

On 5/31/2021, Newton Police responded to the corner of Centre St. and Washington St. for a motor vehicle collision involving two vehicles. Upon arrival, Mv#1 and Mv#2 were both parked facing eastbound on Washington St. MV#1 had significant rear end damage, while Mv#2 had damage to its front bumper. The damage to both vehicles was consistent with a rear end motor vehicle collision.

The operator of Mv#1 stated he had yielded before attempting to merge eastbound onto Washington St. from

Centre St. when Mv#2 struck the rear of the vehicle. The operator of Mv#2 stated he lost sight of Mv#1 as he attempted to merge eastbound onto Washington St. and collided into the rear of Mv#1. No injuries were reported and Mv#2 was able to be driven from the scene, while Mv#1 was towed away by Tody's Tow Service. No injuries reported.

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

DANIEL SOHN		NEWTON POLICE DEPARTM	05/31/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 ·24·00					