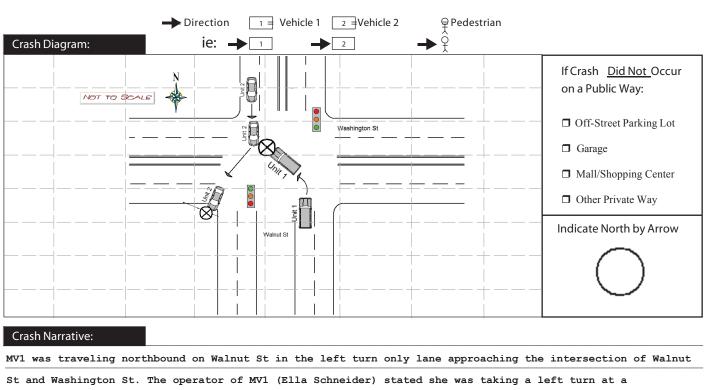
	Police Use Only	Common	wealth	of Massa	ch	usetts	8		]	RMV	Docu		t Number	
			tor Vel	nicle Cras	sh	Number			Speed Latitud			L	tate Police	
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╛	Route# Direction Name of Roadway/Street  At				1 A									
١	WEST WASHINGTON ST			Feet N	SE	W of		ile Marl	_ • _ cer	c	or	E	xit Number	
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_	Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of									_	
	Route# Direction Name of In	tersecting Roadway/Street		Feet N	SE	w of								
4	Routen Breeton Ivanie of in	nerseeting Roadway/Street								Lan	dmark			
	Vehicle 1 4_#Occupants  Hit/	Run Moped	Case Number	:	2	10000043	5							
Ì	License # S	St MA DOB/Age	Reg#	1PLT53			Re	g Type	PAN		Re	g Stat	e MA	•
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╢	Operator SCHNEIDER ELLA	ictions I CDL Endorsmer	nt	SCHNEIDER							venc	omig		
	Address 20 BEECHWOOD RD		Last 20 BEECHWC			Fir	st			Midd	Ile		_	
		G. MA 7: 02482		WELLESLEY						G	MA	7.	02482	_
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┨	Insurance Company ARBELLA			le Action Prior to	_	2 22	22	<b>O</b> _	ugea .	3	couc.	4	ic op to 1m	100)
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	Violation 3: CnSec Violation 4: CnSec Underride/Override Towed <u>Y</u>													
	Please fill out for operator and all Name (Last First Middle)	occupants involved  Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 Airbag Status	29 Airbag Switch	30 Eject 1 Code	31 Frap I Code S	32 Injury T Status 0	33 Fransp. Code	Medical Faci	lity
Ī	Operator	See Above				1	4				10	1		
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	Please Select One of the Following: X Vehicle 2 1_#Occupants  Non-Motorist A Type			pe 14 Action 15 Location 16 Condition 17 Hit/Run Moped							ped			
		D #	29TF86			D -	- T	PAN		D.	- 04-4	- MA		
١	18 18		Reg # 29TF86         Reg Type PAN         Reg State MA           Veh Year 2007         Veh Make HONDA         Veh Config.								_			
4	Sex_M Lic. Class D Lic. Restr	Endorsmer	nt		ve						ven C	onfig	. 1	
ı	Last First		Owner KILEY DANIEL  Last First Middle								_			
	Address 110 LANARK (apt. A)			Address 250 WALTHAM ST								_		
١	City BRIGHTON State MA Zip 02153			City NEWTON State MA Zip 02465							_			
ı	Insurance Company COMMERCE			Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)  Exert Seguence 22 22 22 22 22 3 4										
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ſ	Please fill out for operator an	d all occupants involved		Age/DOB	Sex	26 Seat Safety Pos. Syste	28 Airbag	29 Airbag s Switch	30 Eject 1 Code	31 Frap I Code		33 Transp. Code	Medical Fac	rility
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-	Name (Last First Middle)  Operator/Non-Motorist	See Above				1	3	4	0	0		1		



## MV1 was traveling northbound on Walnut St in the left turn only lane approaching the intersection of Walnut St and Washington St. The operator of MV1 (Ella Schneider) stated she was taking a left turn at a yellow blinking arrow when she collided into MV2. MV2 was traveling southbound on Walnut St crossing the intersection of Washington St. The operator of MV2 (Benjamin Kiley) stated he had a green light while traveling, when MV1 crashed into him. As a result of the collision, MV2 laid to rest on a fence at the corner of Washington and Walnut St. All parties involved reported no injury and signed a patient refusal. Andrew Schneider, the parent of Ella Schneider signed a refusal for her. Both vehicles were towed by Tody's Towing Company

Witnesses:												
Name (Last, First, Middle)	Address		Pho	Phone #								
Property Damage:												
Owner (Last, First, Middle)	Phone # 34-Type De			Description of Da	escription of Damaged Property							
Truck and Bus Information: Registration # (From Vehicle Section)												
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 Vehicle Weight 38												
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra								
Hazmat Information:												
Placard 40 Material 1 digit #	me		ligit #	Release code	42							

ROBERT DRAGONE

NEWTON POLICE DEPARTS

06/15/2021

Delice Officer Name (Places Print)

Signature

ID/Dedge # Description

Date

Description

Descrip