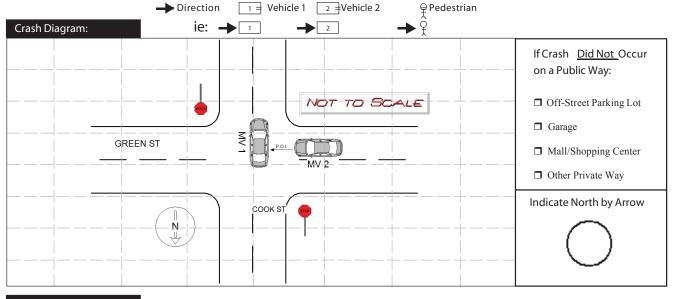
	Poli	ice Use Only		Commo	onweal	th o	f Mass	sacl	huse	etts			RMV	V Docu	ıment	t Number	
	Date of Crash 07/10/2021	Time of Crash	City/1	Town I	Motor <b>V</b>	Vehi	icle Cr	ash	Nu Ve	mber hicles	Numb Injure	1 ^	ed Limi	t <u>25</u>	Sta	ate Police ocal Police BTA Police	N X
	07/10/2021	24HR					Report		2		0		ngitude_		Ot	ther:	
		AT INTER	SECTION:		< L(	OCAT	TION	>			NO	T AT	INTI	ERSE	CTI	ON:	
	EAST	GREEN	ST														
<b>1</b>	Route# Direct	tion	Name	of Roadway/Street		R	Route# Direc	tion	Addres	s#		N	ame of F	Roadwa	y/Stre	et	$ 2^1$
	At SOUTH COOK ST					Feet NSEW of • or								- <del> -</del>			
	Route# Direc	etion N		ing Roadway/Street	:	<u> </u>	Foot	NI C	EW	. c	Mile	Marker			Ex	cit Number	-
			Also at Int	ersection with		-					Route	#	Intersec	ting Ro	adway	y/Street	-
2 <b>1</b>	Route# Direct	tion	Name of Inter	secting Roadway/Str	reet	-	Feet	N S	EW	of							3
3	Route# Direction Name of Intersecting Roadway/Street						Landmark										$\dashv$
	X Vehicle 1	1_#Occupants	Hit/Ru	n Moped	Case Nu	umber			21000	00500							╝
	License#		St_			Reg#_8	851KW1				_Reg T	ype_PA	N	Re	g State		_
	Sex_M Lic. 0	Class D 18 18	Lic. Restricti			Veh Ye	ar_2014		Veh Ma	ıke_NI	SSAN			Veh C	Config.	1 20	
4	Operator KAI		SUREN				NALBAND			REVI	K First			Midd	lle		- 1
2	Address 882 S	WAN LN				Address 304 CALIFORNIA ST										- <del> </del>	
	City DEERFIE	City DEERFIELD State IL Zip 60015				City_N	EWTON						State	MA	_Zip_	02458	_
	Insurance Company HANOVER					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										ee)	
5 <b>1</b>	Vehicle Travel	Direction: N	<b>X</b> E W Re	sponding to Emerge	ency?N	Event S	Sequence 1	22	22	22	22 2		<u> </u>		<b>(4)</b>		
	Citation # (If Is	ssued) T1445631				Most H	larmful Event	1	23		1	<b>+</b>	9	$\left( \cdot \right)$		10 Undercarr 11 Totaled	iage
6	Violation	1: Ch89/9_Sec	Violatio	on 2: ChSec_	<u> </u>	Driver (	Contributing	Code	3	24	24		VŢ	$\sum$	6		
<sup>6</sup> 1				on 4: ChSec_	<u> </u>	Underri	ide/Override	<u> </u>		Towed	<u> N</u>						
	Please 1		ator and all occ	upants involved	ldress		Age/DOB	Sex	26 Seat Pos.		28 Airbag Air Status Sw	29 3 bag Ejec itch Coc	0 31 et Trap le Code	32 Injury 1 Status	33 Transp. Code	Medical Facili	1 1
	Operator			See A	Above			-		99	4 9	9 0	0	10	1		
7	Please Select C	)ne 🖚		1_		14	4	15			16		17				$\neg$
2	of the Followi		2 <u>2</u> #Occupa	nts Non-Mot	torist A Type		Action	I	Location	l	Con	dition		Ľ	Hit/Ru	n Mop	ed
	License#		St_ <sup>1</sup>									g State_MA		_ ]			
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restricti			Veh Year 2013 Veh Make HYUNDAI							Veh C	Config.	20		
8 <b>1</b>	Operator DO	MINGUEZ	AURORA		orsment	Owner .	KEELEY	ast	S	HARC	N First			Midd	lle.		_
_	Last First Middle Address 16 BRIMMER ST					Address 16 BRIMMER ST First Middle									-		
	City WATER	City WATERTOWN State MA Zip 02472  Insurance Company NORFOLK & DEDHAM MUTUAL					City WATERTOWN State MA Zip 02472								_		
	Insurance Com						Action Prior	to Cra	ish	1 2		Damag	ed Area	Code:	(Circle	e Up to Thre	ee)
	Vehicle Travel Direction: NSWW Responding to Emergency? N  Citation # (If Issued)					Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 3 4 10 Undercarriage 5 11 Totaled											
															iage		
	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1 24 24										
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 7 6											
	Plo Name (Last Fi		operator and a	ll occupants invol	lved		Age/DOB	Sex	26 Seat Pos.	27 Safety . System	28 Airbag Air Status Sv	29 Signature 29 Si	0 31 Trap de Code	32 Injury T Status	ransp. Code	Medical Facil	lity
		Non-Motorist		See A	bove						4 9		0		1		
	KELLEY, ANT	OINE, QUANTI	IERS	5 MIDDLE ST IEWTON, MA 0245	<del></del>			М	3					10	1		
									-			+					



## Crash Narrative:

On Saturday 7/10/21 I was dispatched to a motor vehicle accident at the intersection of Green and Cook street, both public ways in the city of Newton. MV 1 was travelling southbound on Cook St, failed to stop at a stop sign and went through the intersection. MV 2 had the right of way and was traveling eastbound on Green St, when MV 2 struck the passenger side of MV 1. I observed moderate damage to the right side of MV 1 and moderate damage to the front of MV 2. i spoke with a witness on scene and the witness narrative is attached. Newton Medic 3 cleared with a patient refusal. Tody's towed MV2, and MV 1 was able to be driven away from the scene. I cited the operator of MV 1 for failure to stop at a stop sign (89/9). Citation number T144563.

Witnesses:							
Name (Last, First, Middle)	Ac	ddress		Phor	Phone #		
CANULLA , RYAN,		4 HINCHEY OMERSET,M					
Property Damage:	,						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			25
Carrier Name					Carrier 1	Issuing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:			_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight 38				7	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Name_			Material 4	digit #	Release code	42

JOSEPH CUNNING		NEWTON POLICE DEPARTM	07/10/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date