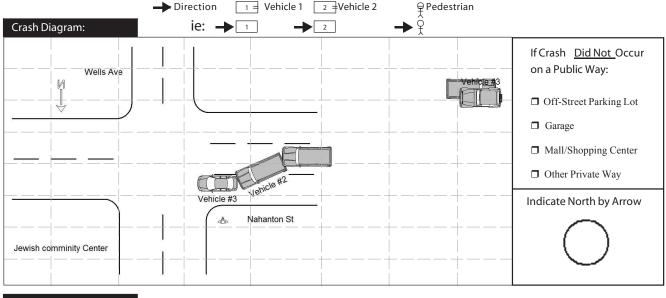
	Poli	ice Use Only		Commonw	ealth	of Mass	achu	setts	5		RM	V Docu	ıment	Number	
	Date of Crash 07/27/2021	Time of Crash 07:40 24HR	NEWTON	111011		nicle Cra Report	nsh [	Number Vehicles	- 1	red L	peed Lim atitude _ ongitude		Star Loc ME Oth	te Police cal Police BTA Police ner:	XI D
		AT INTER	RSECTION:		LOCA		>		N	OT A	T INT	ERSE	CTI	ON:	$\sqsupset$
		NAHAI	NTON ST												2
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			of Roadway/Street		Route# Directi	on Ad	dress #			Name of I	Roadwa	y/Stree	t	_ 2 1
			Feet NSEW of • or								_   4				
	Route# Direc	etion N	Name of Intersect	ing Roadway/Street					Mi	le Mark	er		Exi	t Number	_
			Feet N S E W of Route# Intersecting Roadway/Street								- 1				
2 1	Route# Direc	tion		Feet NSEW of											
3	Koute# Direc	tion	Name of filters	ecting Roadway/Street		Landmark									
	XVehicle1	_1_#Occupants	Hit/Ru	Moped C	ase Numbei	:	21	.00000554	Į.						╝
	License#		St_N		Reg#	1JXV84			Reg	Type_F	AN	Re	g State_		
	Sex_M Lic.	Class D 18 1	Lic. Restriction		Veh Y	ear_2010	Veh	Make_F	IONDA	١		_Veh C	onfig.	20	
<sup>4</sup> 3	Operator ELL	Last	RYAN	Endorsment	Owne	(Same as ope	erator)		First			Midd	lle .		- 1 <sup>1</sup>
_3	Address 18 W					ess									.  -
	City NORTH	ATTLEBORO	S	tate MA Zip 02760	City_						State	:	_Zip		-
	Insurance Com	pany PROGRES	SSIVE		Vehic	Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Re	sponding to Emergency? N	Event	Sequence 1	22 22		22	2	3	$\overline{}$	4		
	Citation # (If I	ssued)			Most	Harmful Event	1 23		24	0 🗲	_ 9	$\left( \cdot \right)$		0 Undercarri 1 Totaled	age
6	Violation	1: ChSec	e Violatio	n 2: ChSec	Drive	r Contributing C			24			$\sum$	)		
<sup>6</sup> <b>1</b>				n 4: ChSec	Unde	Underride/Override $\overline{ 25}$ Towed $\underline{Y}$ 8 7 6									
	Please : Name (Last Fir		ator and all occ	upants involved Address		Age/DOB Sex Pos. System Status Switch Code Gode Medical Facility							ty 1		
	Operator			See Above				1	1	99 0	0	10	1		
															$\neg$
<sup>7</sup> <b>2</b>	Please Select C of the Followi		2 <u>2</u> #Occupa	nts Non-Motorist A	Туре	14 Action	15 Loca	ition	16 Co	ondition	17	□ ŀ	Hit/Run	Мор	ed
	License#		St_N		Reg # 3KJF84 Reg Type PAN Reg State M							MA			
	Sex_F Lic.	Class D 18 1	Lic. Restriction		Veh Y	Veh Year 2021 Veh Make JEEP Veh Config. 20									
8 1	Operator LAU	UMANN Last	KAYLA	Endorsment	Owne	(Same as ope			First			Midd	lle		_
	Address 47 W	ILLOW POND I	DR (apt. 47)		Addre	ess									-
	City ROCKLA	City_						State	:	_Zip _		-			
	Insurance Com	npany COMMER	CE		Vehic	le Action Prior t		4	21	Dama	aged Area	Code:	`	Up to Thre	e)
	Vehicle Travel	Event	Sequence 1	22 1 22		22	2	3	$\overline{}$	<b>@</b>					
	Citation # (If I	ssued)	Most	Harmful Event	1 23			1	_   \	$\left( \cdot \right)$	- 1	0 Undercarri 1 Totaled	age		
	Violatio	n 1: ChSe	ec Violat	on 2: ChSec	Drive	r Contributing C			24			$\sum$			
				on 4: ChSec	_ Unde	rride/Override	25	Towe		8	7	1 '	6		
	Pl Name (Last Fi		operator and a	ll occupants involved Address		Age/DOB	Sex	26 27 Seat Safety Pos. Syste	28 Airbag m Status	29 Airbag E Switch	30 31 Frap Code Code		ransp. Code	Medical Facil	ity
		Non-Motorist		See Above				99	4	99 0			1		
	LAUMANN, S	SAGE		WILLOW POND DR (apt of OCKLAND, MA 02370	47)		F 6	4	4	99 0	0	10	1		
														· · ·	
															_

Date of Crash	Time of Crash	City/Town	Common Ma					mber	Number		RMV d Limit		State Po	olice 1	
07/27/2021	07:40	NEWTON	·	otor Vo			Ve.	hicles	Injured	Latitu	ıde		Local P MBTA	Police	
	24HR		<		e Repo		3		0		itude_		Other:		
	ATINIER	RSECTION:		LOC	AHON	>			NOT	AT	INTE	LKSEC	CTION	<u>:</u>	
			oadway/Street		_										
Route# Direc	tion		Route# Direction Address # Name of Roadway/Street												
			Feet NSEW of or Mile Marker Exit Number												
Route# Dire	ction N	Name of Intersecting Also at Interse			_	Feet N S	S E W	of					DAIL IVG	moer	
		Also at Interse	zuon with			Feet N S			Route#	Ir	ntersect	ting Roa	dway/Stre	et	
Route# Direc	 etion	Name of Intersecti	ing Roadway/Street		_	14 5	TE W	01			Lan	ıdmark			
TY Vahiala	3 1 #Occupants	Hit/Run	Moped								Lan	idiliai k			
venicles	T_#Occupants			Case Num			21000								
License#	18 1	St MA	DOB/Age		g# 2TRJ24									20	
Sex_F_ Lic.		Lic. Restrictions	CDL Endorsme ROSE	ent	h Year 2021			ike_MA	AZDA			Veh Co	nfig. 1		
	PIEJKO Last		ROSE	Ov	vner (Same	as operato	r)		First			Middle			
	LD GRAFTON R				ldress										
City UPTON		State	MA Zip 01568	Cit	ty				_				. ——		
Insurance Con	1 7				chicle Action			2 21		amaged		Code: (0	Circle Up	to Three	
Vehicle Trave	l Direction: N	S X W Respon	nding to Emergency	? <u>N</u> Ev	ent Sequence	1 22	22	22	22 2		3	$\overline{\mathcal{A}}$	4	.4	
	Issued)				ost Harmful I	Event 1	23	24	1	←	9		10 Un 11 To	ndercarria otaled	
Violation	1: ChSec	C Violation 2	: ChSec	Dr	Driver Contributing Code 1 24 24 8 7 6										
	n 3: ChSec	Ur	Underride/Override Towed N												
Please Name (Last Fi		ator and all occupa	ants involved  Address	į	26 27 28 29 30 31 32 33   Seat Safety Airbag Airbag Eject Trap Injury Fransp.   Age/DOB   Sex   Pos. System   Status Switch   Code   Code   Status   Code   Medical Facil								cal Facility		
Operator			See Abov	re				99	4 99	0	0	10 1			
Please Select	One 👝				14	15		1	6		17			_	
of the Follow		e# Occupants	Non-Motorist	t A Type	Action	1 .	Location	1	Condit	ion		Hi	t/Run	Море	
License#		St	DOB/Age	e Reg#				Reg Type					Reg State		
Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL		h Year		Veh Ma	ike				Veh Co	nfig.	20	
Operator	Last	First	Endorsme		vner	Last			First			Middle			
					ldress										
City		State	eZip	Ci											
Insurance Con	npany			Ve	hicle Action	Prior to Cr	rash	21	Da	amaged	l Area	Code: (0	Circle Up	to Three	
Vehicle Travel	Direction: N	S E W Respo	onding to Emergency	y? Ev	ent Sequence	22	22	22	22 2		3		4		
Citation # (If	Issued)			Mo	ost Harmful I	Event	23		_	_	9		10 Un 5 11 To	ndercarria otaled	
Violatio	on 1: ChSe	ec Violation	2: ChSec	Dr	Driver Contributing Code 24 24 5 11 Totaled										
Violatio	Violation 3: ChSec Violation 4: ChSec Un						25 T	Towed_	8		7		6		
		operator and all o	*			/DOP 2	26 Seat	27 Safety A	28 29 Airbag Airbag	g Eject	31 Trap		33 insp.	ical F- Tr	
Name (Last F	/Non-Motorist		Address See Above		Age	/DOB Se	ex Pos.	System	Status Swite	ch Code	Code	Status C	ode Med	ical Facilit	
Operator										1	1		1		
Operator															
Operator															



## Crash Narrative:

Operator #1 stated that he was travelling Eastbound on Nahanton St. in the center lane. Operator #1 had a green light to proceed through the intersection of Nahanton St. and Wells Ave. Operator #1 stated that vehicle #2 was directly in front of his vehicle in the center lane. Operator #1 stated that vehicle #2 suddenly slammed on her brakes and attempted to make a left turn into the Jewish Community Centre entrance from the center lane. Operator #1 stated it happened so quickly he was unable to stop in time to avoid colliding with vehicle #2. \( \text{OPERATOR OPERATOR PS} \) which instructed her to turn left. Operator #2 stated she slowed suddenly and attempted to make a left hand turn from the center lane, causing vehicle #1 to collide with Vehicle #2. \( \text{Vehicle #2 was then pushed forward into vehicle #3. } \( \text{OPERATOR OPERATOR PS} \) stated she was in the left

(Continued or	n next page)					
Witnesses:						
Name (Last, First, Middle)	1	Address			Phone #	# Statement
Property Damage:	1					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		25
Truck and Bus Information:				cle Section)	Carrier Issu	uing Authority Code
						uing Authority Code
Carrier Name			City		St	zing Authority Code Zip
Carrier Name  Address  US DOT #:	State Number		City		St	zing Authority Code Zip
Carrier Name  Address  US DOT #:	State Number		City		St	zing Authority Code Zip
Carrier Name  Address  US DOT #:	State Number	88	_ City Issuing State	ICC#:_	St	zing Authority Code Zip
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gross	State Number	88	_ City Issuing State	ICC#:_	St	zing Authority Code Zip
Carrier Name	State Numberss Vehicle Weight Reg Type	Reg State _	_ City Issuing State	ICC#:Tr	St	Zip

DANIEL NARDELLI			NEWTON POLICE DEPARTM		07/27/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1	■ Vehicle 1	2 = Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 🗆	<b>→</b>	2	<b>→</b> ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
				<u> </u>	Off-Street Parkin	g Lot
					☐ Garage	
			+	+-		lantar
		i		<del>-</del>	☐ Mall/Shopping C	
					☐ Other Private Wa	У
					Indicate North by A	Arrow
Crash Narrative:						
hand lane waiting fro tra						truck by
vehicle #2 from behind. N	ledics arrived of	n scene and p	patient refu	isals were sign	ned by all occupants.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Dronouty Damago						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
				511,752		
Truck and Bus Information:	Registration #		(From	Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Ye	ar Trailer	Length 39	
Hazmat Information:	41					42]
Placard 40 Material 1 digi	t # Material N	lame		Material 4 digit	# Release code	42
DANIEL NARDELLI				NEWTON POLICE DEPARTA	07/27/2	2021
Police Officer Name (Please Print)	Signature	······	ID/Badge #	Department	Precinct/Barracks Dat	

CDP1 11 ·24·00