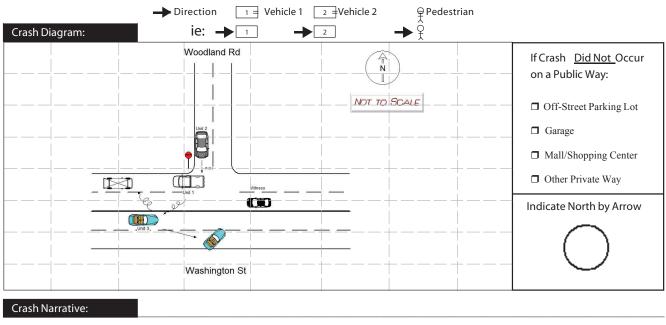
	Poli	ce Use Only		Com	monweal	th o	f Massa	achu	ıse	tts			RM	V Doc	umen	t Number	
	Date of Crash 07/27/2021	Time of Crash 17:28	City/ NEWTON	Γown			icle Cra	sh		nber icles	Nun Inju		ed Limi		Si	tate Police ocal Police IBTA Police	N N
	, ,	24HR					Report		3		1		ngitude_		o	ther:	
		AT INTER	RSECTION	•	< Lo	OCAT	TION :	>			NO	OT AT	INT	ERS	ECT	ION:	2 9
	sou	гн wood	LAND RD														
1 1	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street								eet	2 10	
	Route# Direction WASHINGTON ST Name of Intersecting Roadway/Street						Feet NSEW of orExit Number									-	
	Koute# Direc	ireei	Feet NSEW of Route# Intersecting Roadway/Street														
2 1	Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of									3 11	
3			I _										La	ndmarl	k		\dashv
	XVehicle1	#Occupants	Hit/Ru	n Mo	ped Case N	umber		21	10000	0559							_
	License#	18 18	St _	MA DOB/Age	e <u></u>	Reg # _2						Type_PA				20	-
	Sex_M_ Lic. (Class D	Lic. Restrict	ions 1	CDL Endorsment		ear_2012								Config	1 1	12
⁴ 2	Operator GAI Address 13 LC	LASTI Last DDGE RD	JOSEPH First		Middle		(Same as oper							Mic	ddle		- 1 ¹²
	City WAYLAN			State MA Zip	01778		s							,	Zin		
	Insurance Com				,	-	Action Prior to			21	_					le Up to Thre	·
5 1	Vehicle Travel	Direction: N	S E X R	esponding to En	nergency?_N	Event S	Sequence 1 2	22 1 22		22	22	2	3	<u> </u>	4		
1	Citation # (If Is	ssued)				Most H	Iarmful Event	1 23				1 4	9	$\langle $	5	10 Undercarri Totaled	age
6	Violation	1: ChSec	Violati	on 2: Ch	Sec	Driver	Contributing Co		19 24	4	24	8	VŢ			G = 0	
⁶ 1		3: ChSec				Underri	ide/Override	25] T	Towed			/	T	6	ı	
	Please 1 Name (Last Fire	fill out for opera	ator and all oc		Address ee Above		Age/DOB	Sex I		27 Safety A System S	28 Airbag A Status S	29 Sirbag Eje Switch Coo	0 31 Trap Code	32 Injury Status	Transp. Code	Medical Facilit	13 1
																	\dashv
⁷ 3	Please Select C of the Followi		2 <u>4</u> #Occup	ants Non-	Motorist A Type	14	4 Action 1	5 Loca	ation	1	6 Co	ondition	17		Hit/Ru	ın Mope	ed
	License#		St		ge	Reg#_	7LD886				Reg	Type_PA	.N	R	eg Stat	e MA	.]
	Sex_F_ Lic. (Lic. Restrict		CDL	Veh Ye	ear_2018	Vel	h Mak	ке_НО	NDA			_Veh	Config	20 1	
⁸ 2	Operator MA	Last	LORI		Middle		(Same as oper	t			First			Mic	idle		-
	Address 54 PIO			State MA Zin	. 02330		S						State	:	7in		
		pany ARBELLA		StateZip	9_02000	-	e Action Prior to			21]	Damag				le Up to Thre	e)
	Vehicle Travel Direction: NSWW Responding to Emergency? N Citation # (If Issued)						<u> </u>										
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	Violation			tion 2: Ch	_Sec	Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 6											
	Violation			tion 4: Ch	_Sec								ı	_			
	Plo Name (Last Fi	ease fill out for	operator and	all occupants in	nvolved Address		Age/DOB	Sex	26 Seat S Pos.	27 Safety A System	28 Lirbag # Status	29 Airbag Eje Switch Co	0 31 Trap de Code	32 Injury Status	Transp. Code	Medical Facili	ity
	Operator/	Non-Motorist		Se 54 PIONEER	ee Above					1	4	99 0	0	10	1		
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	TOGUN, LAY	LA		64 PIONEER PLYMOUTH, M.	A 02330			F 6	5	1	4	99 0	0	10	1		

Pol Date of Crash	Time of Crash		Commonwe Moto		icle Cra	sh N	umber		Speed	Limit	30	State Poli			
07/27/2021	17:28 24HR	NEWTON			Report	l V	ehicles	Injured 1		ıde itude		State Poli Local Pol MBTA Po Other:	olice 🔲		
		RSECTION:	<	LOCAT		>			_			TION:			
Route# Direc	etion	Name of Ro	oadway/Street	F	Route# Direction	n Addre	ss #		Nam	ne of Ro	oadway/S	Street			
		At		Feet N S E W of or											
Route# Dire	ction 1	Name of Intersecting F	Roadway/Street					Mile Ma	rker			Exit Numl	ber		
		Also at Intersec	tion with	-		SEW	-	Route#	In	itersect	ing Road	way/Street			
Route# Direc	etion	Feet N S E W of													
1		Name of Intersecting	<u> </u>		Landmark										
Vehicle 3	1_#Occupants		Moped Cas	se Number		2100	000559								
License#	. 18 1	St MA	DOB/Age	Reg#_6									20		
Sex_M Lic.	Class D	Lic. Restrictions	CDLEndorsment MATTHEW	_	ar_2017		ake_FOI	RD			Veh Con	fig. 1			
Operator NE	Last	First	MATTHEW		(Same as oper			First			Middle				
Address 183 C			MA ones		S										
City NORTH			MA Zip 02356								State Zip maged Area Code: (Circle Up to Three)				
1	npany SAFETY I		ding to Emergency? N		Action Prior to	Crash	2	22 ()	ugcu	3	`	4	111100)		
]	Issued)		ung to Emergency?	_	Sequence 1 2 (armful Event	23				T			ercarriage		
`	·		Ch Sec		Contributing Co		24	24 0	←	9		5 11 Total	led		
		c Violation 4:		ide/Override	25	Towed	Y		7		6				
Please	fill out for oper	ator and all occupa	nts involved		<u>_</u>	26 Seat		28 29 irbag Airbag	30 Eject	31 Trap I	32 njury Tran	33 1sp.			
Name (Last Fin			Address See Above		Age/DOB	Sex Pos.	\$ystem S - 1 1	tatus Switch	Code 0	Code S	Status Coc 8 2	le Medical	Facility WELLESLEY		
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Please Select (One —			14	<u> </u>	5	10	<u> </u>		17					
of the Followi	Vehicle	e# Occupants	Non-Motorist A	Гуре	Action	Locatio		Conditi	on		Hit,	/Run	Moped		
License#	18 1	St	DOB/Age	Reg#_				Reg Type	e		Reg S		20		
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Citation # (If I	·		Most Harmful Event Driver Contributing Code 24 24 5 11 Totaled												
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		operator and all oc		Onucli	ado, o verride	26 Seat		28 29 irbag Airbag	30 Eiect	31 Trap I	32 njury Tran	33			
Name (Last F	/Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex Pos	System	Status Switch	h Code	Code			l Facility		
Operator	1 von-motorist		See Audve												
1							1 1		1		1	1			
							1 1								



MV 1 was turing left onto Washington Street heading Westbound on the 1st lane. Operator of MV 1 stated they merged onto Lane 2 when they saw MV 2 pull out of Woodland Rd attempting to turn left onto Washington St heading Eastbound. Operator of MV1 stated they did not have enough time to stop so MV1 tried to go around MV2. MV2 clipped the rear of MV 1 causing it to role over and hit MV 3 which was heading Eastbound on Washington St.

Operator of MV 2 stated they attempted to turn left onto Washington St when they saw MV 1 on lane 2. MV 2 did not have enough time to stop and struck MV 1.

Operator of MV3 stated that they were traveling Eastbound on Washington St when they saw MV1 rolling towards MV3. Operator of MV3 stated that they had no reaction time and could not avoid MV1.

(Continued on next page)

W Itticaaca.								
Name (Last, First, Middle)		Address				Phone #		Statement
		53 NOWICH R	RD					
RONEY, CURTIS, W		WELLESLEY,N	MA 02481				Y	
Property Damage:		•			•			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descrip	tion of Damag	ed Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Carrier Name			(_ Carrier Issui	ing Authority Cod	35 e
Address			City			St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Len			
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material Nat	me		Material 4	digit#		Release code	42

→	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→ [2	→ ĝ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	ng Lot
					☐ Garage	
						Contor
	- — — — —		L		— — Mall/Shopping C	
					Other Private Wa	ay
					Indicate North by	Arrow
				 		
Crash Narrative:						
Operator of MV2 had an inj	ury to his righ	nt shin and	to his left h	and. Operat	or of MV2 was transported	d to
Newton Wellesley by EMS. A	ll other partie	es were chec	ked by EMS an	d signed a	refusal sheet.	
MV1, MV2, and MV3 were all	towed by Todys	s's.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration #		(From V	ehicle Section)	Carrier Issuing Authority Co	35
			C:t-			ldc
Address					St Zip	36
US DOT #:		38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gros	ss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:	41					42]
Placard 40 Material 1 digit #	# Material Na	ame		Material 4 di	git# Release code	42
ELMER ACUNA				WTON POLICE DEPARTA	07/27/	2021
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks Dar	te

CDP1 11 ·24·00