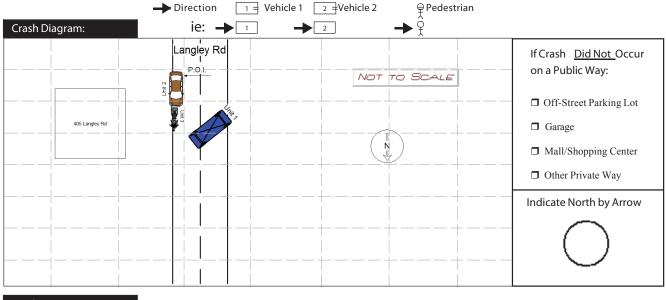
	Poli	ice Use Only		<b>Com</b> monweal	lth o	f Massa	ach	use	tts		RM	V Docu	ıment l	Number	
	Date of Crash 08/09/2021	Time of Crash 00:05	NEWTON	1410101		icle Cra Report	sh			jured I	Speed Lim Latitude _ Longitude		Stat Loc MB Oth	e Police al Police TA Police er:	XX XX C
		AT INTE	RSECTION:		OCAT	_	>		I	NOT A	T INT	ERSE	CTIC	ON:	$\frac{1}{2}$
1						NORTH	40	)5	LA	NGLEY	RD				
:	Route# Direc	tion	Name of Ro	adway/Street	R	Route# Direction	on A	.ddress	#		Name of	Roadwa	y/Street	t	_ 2
		<u> </u>	Feet NSEW of Mile Marker or Exit Number												
	Route# Direc	etion I	Name of Intersecting F Also at Intersec		[-	Feet [	N S E	W of			Tutuus	D	. 1/	Start	
1					-	Feet [	N S E	W of		oute#	Interse	cting Ro	adway/	Street	3
	Route# Direc	tion	Name of Intersecting	g Roadway/Street							La	ındmark			┩
	XVehicle1	#Occupants	Hit/Run	Moped Case N	lumber		2	210000	0590						
	License#	18	St MA	DOB/Age	Reg#2						PAN	Re	g State_	MA 20	
	Sex_F Lic.	Class	Lic. Restrictions	B CDL		ar_2015		eh Mak	e_MERC	EDES		_Veh C	onfig.	1	
1	Operator DO	NALDSON  Last	SIMONE	T Middle		(Same as oper				irst		Midd	lle		1
	Address 70 H		MA 7: 02450	Address											
	City NEWTO:			MA Zip 02459						State Zip Zip					e)
	1	Insurance Company LM GENERAL INSURANCE  Vehicle Travel Direction: X E W Responding to Emergency? N					_ Venicle Action Filot to Clash 1								
		ssued) T 208080		amg to Emergency		armful Event	43				_ \	$\mathcal{A}$		) Undercarria	ıge
				Ch_89/4A <sub>Sec</sub>	Driver	L Contributing Co		10 24	9 2	4 1	<b>-</b> //i	4	ا ، ر	Totaled	
1	Violation	3: ChSe	c Violation 4:	ChSec	Underri	de/Override	2	5 T	owed Y	8 —	7		6		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex	26 Seat S Pos. \$	27 25 afety Airba ystem Statu	8 29 g Airbag is Switch	30 31 Eject Trap Code Code	32 Injury T Status	ransp. Code	Medical Facility	, 2
	Operator			See Above					1 3	1	0 2	8	2 в	RIGHAM AND WO	OMEN
1	Please Select C of the Followi	I X Vehicle	e2 <u>0</u> #Occupants	Non-Motorist A Type	2 14	Action 1	5 Loc	cation	16	Conditio	n 17	□ ·	lit/Run	Море	d
	License#	18	St	DOB/Age	Reg # _9	46XV1			R	eg Type_	PAN	Re	g State_	MA 20	
	Sex Lic.		Lic. Restrictions	CDL Endorsment	Veh Ye		Ve		e CADI	LLAC		_Veh C	onfig.	1	
1	Operator	Last	First	Middle		CHENG	PD	YA		irst		Midd	lle		
	Address		Gr. t.	7		27 LYNDON	KD				Gr. i	MA	z: 02	2067	
City State Zip Insurance Company THE STANDARD FIRE INSURANCE						Damaged Area Code: (Circle Lin to Three									.)
	Vehicle Travel Direction: X S E W Responding to Emergency? N														
Citation # (If Issued)					Most Harmful Event 1 23							ige			
Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1 24 24									
	Violatio	n 3: ChS	ec Violation 4	: ChSec	Underri	de/Override	2	5 To	owed_Y	8	6	)	Q		
	Pl Name (Last Fi		r operator and all oc	cupants involved		Age/DOB	Sex	26 Seat S Pos. S	27 28 afety Airba System Star	3 29 g Airbag us Switch	30 31 Eject Trap Code Code	32 Injury T Status	33 ransp. Code	Medical Facilit	y
		Non-Motorist		See Above											
															$\dashv$

Date of Crash	Ce Use Only Time of Crash	City/Town	Commony Mot		nicle Cra	sh N	umber 1	Number	Speed I	imit <u>20</u>	St	tate Police	
08/09/2021	00:05	NEWTON			Report	Ve 3		Injured 1	Latitude Longitu		— La	ocal Police IBTA Police other:	
	AT INTER	SECTION:	<			>				TERS			
		<u></u>						1101		1210			
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					Feet N	SEW		Route#	Inte	rsecting R	toadwa	y/Street	
Route# Direct	tion	Name of Intersecti	ng Roadway/Street				_			Landmar	·k		
XVehicle3	#Occupants	Hit/Run	Moped	Case Number		21000	000590						
License#		St	DOB/Age	Reg#	2J7570		1	Reg Tyn	, MCN	R	eg Stat	e MA	
	18 18		19		ear_2012	Veh M						20	_
		_	Endorsment	t	GUPTA Lasi					ven	Comig		
	Last		Middle	Addr	ess 404 (apt. 104)	LANGLEY	( RD	First		Mi	ddle		_
			Zip		NEWTON				S	tate_MA	Zin	02459	_
		SSIVE INSURANCI			le Action Prior to	Crash [	11 21					le Up to Thr	ee)
1			nding to Emergency?_		Sequence 2 2			2 2		3	<b>(4)</b>		
	ssued)		5Berne).		Harmful Event	23						10 Undercarr	riage
	-		: ChSec		r Contributing Co		24	24 1	<b>-</b>   /	9	D	11 Totaled	
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		ator and all occupa				26 Seat			30 Eject Tr	31 32 ap Injury ode \$tatus	33 Transp.		_
Name (Last First Operator	st Middle)		Address See Above		Age/DOB	Sex Pos.	\$ystem Sta	atus Switch	Code Co	ode Status	Code <sup>^</sup>	Medical Facil	ity
1													
											-		
Please Select O of the Followir		e# Occupants	Non-Motorist A	4 Туре	14 Action 1	5 Location	n 16	Conditi	ion	17	Hit/Ru	ın Mop	oed
License#		St	DOB/Age	Reg#				Reg Typ	e	R	leg State	e	
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Violatio	n 3: ChSe	ec Violation	4: ChSec	Unde	rride/Override	25	Towed_			7	6		
		operator and all o	ccupants involved			26 Seat	27 Safety Air	28 29 bag Airbag	30 Eject Tr	31 32 ap Injury	33 Transp.		
			Address See Above		Age/DOB	Sex Pos.	System Si	tatus Switc	h Code C	ode Status	s Code	Medical Faci	ılity
Name (Last Fin	Non-Motorist	I	500110010										
	Non-Motorist												
	Non-Motorist												



## Crash Narrative:

MV 1 was traveling northbound on Langley Road when she lost control of the vehicle and struck MV 2 in the rear and side. After striking MV 2 the vehicle subsequently rolled over and flipped in the middle of Langley Rd. MV 2 was parked and unoccupied Northbound on the side of Langley Rd when it was struck by MV 1. MV 2 subsequently struck MV 3 who was parked and unoccupied in front of MV 2. MV 3 was parked and unoccupied on the side of Langley Rd in front of MV 2 when it was struck by MV 2. MV 1 sustained major damage and was disabled. MV 1 was towed by Tody's due to it being disabled. MV 2 sustained major damage to the center rear and right side and was disabled. MV 2 was towed by Tody's towing due to it being disabled. MV 3 sustained minor damage to the center rear and right side.

(Continued of	on next page)						
Witnesses:							
Name (Last, First, Middle)	Ad	dress			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			35
Carrier Name					Carrier Is	suing Authority Coo	le s
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	oss Vehicle Weight 38						
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	railer Length		
Hazmat Information:						J	
Placard 40 Material 1 digit	# 41 Material Name_			Material 4	digit #	Release code	42

DONALD MURPHY		NEWTON POLICE DEPARTM	08/09/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →□	1 -	2	₽Ÿ		
					If Crash <u>Did Not</u> On a Public Way:	Occur
					Off Street Pauline	a I at
					☐ Off-Street Parking	g Lot
		_			Garage	
		_			Mall/Shopping Ce	
					☐ Other Private Way	′
		-  <del> </del>			Indicate North by A	rrow
		-     		<del> </del>		
Crash Narrative:						
transported to Brigham as	nd Women's Hosp	ital for trea	tment.			
Towed motor vehicle inve	ntory sheets we	re filled out	and filed for	both MV 1	L and MV 2.	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Nume (Eust, 1 list, Middle)		Address			THORE #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Registration # _		(From Ve	hicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	e 35
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 State	Reg Year	Tra	iler Length	
Hazmat Information:	Neg 1ype	Reg state	Reg real_	11a	Dongui	
Placard 40 Material 1 dig	it # 41 Material	Name		Material 4 d	igit # Release code	42
DONALD MURPHY			NEW	TON POLICE DEPARTS	08/09/20	)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)