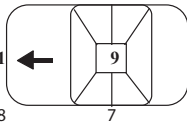
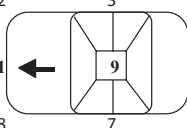


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/09/2021	Time of Crash 00:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			NORTH 405 LANGLEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000590			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator DONALDSON SIMONE T Address 70 HAMLET ST City NEWTON State MA Zip 02459 Insurance Company LM GENERAL INSURANCE			Reg # 2CVS71 Reg Type PAN Reg State MA Veh Year 2015 Veh Make MERCEDES Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T 208080 Violation 1: Ch 90/24 Sec Violation 2: Ch 89/4A Sec Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 2 22 43 22 22 22 2 Most Harmful Event 43 23 Driver Contributing Code 10 24 9 24 Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code							
Operator			See Above							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # Occupants			<input type="checkbox"/> Non-Motorist A Type 14		Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Address City State Zip Insurance Company THE STANDARD FIRE INSURANCE			Reg # 946XV1 Reg Type PAN Reg State MA Veh Year 2012 Veh Make CADILLAC Veh Config. 1 20 Owner CHENG YAN Address 27 LYNDON RD City SHARON State MA Zip 02067 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 1 22 2 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code							
Operator/Non-Motorist			See Above							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 08/09/2021		Time of Crash 00:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 20 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>													
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9													
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____																					
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000590																			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # 2J7570 Reg Type MCN Reg State MA Veh Year 2012 Veh Make KAWK Veh Config. 3 20								12													
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE INSURANCE				Owner GUPTA ANKUSH Address 404 (apt. 104) LANGLEY RD City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____				Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13													
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																									
Please fill out for operator and all occupants involved																									
Name (Last First Middle) _____ Address _____				Age/DOB _____		Sex _____		26 Seat Pos. _____		27 Safety System _____		28 Airbag Status _____		29 Airbag Switch _____		30 Eject Code _____		31 Trap Code _____		32 Injury Status _____		33 Transp. Code _____		Medical Facility _____	
Operator _____				See Above		-----		---		---															
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20																					
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____				Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____								13													
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																									
Please fill out for operator and all occupants involved																									
Name (Last First Middle) _____ Address _____				Age/DOB _____		Sex _____		26 Seat Pos. _____		27 Safety System _____		28 Airbag Status _____		29 Airbag Switch _____		30 Eject Code _____		31 Trap Code _____		32 Injury Status _____		33 Transp. Code _____		Medical Facility _____	
Operator/Non-Motorist _____				See Above		-----		---		---															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

405 Langley Rd

Langley Rd

P.O.I.

Unit 2

Unit 1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

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.

The operator of MV 1 sustained visible injuries to the face and head area. The operator of MV 1 was

(Continued on next page)

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:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00