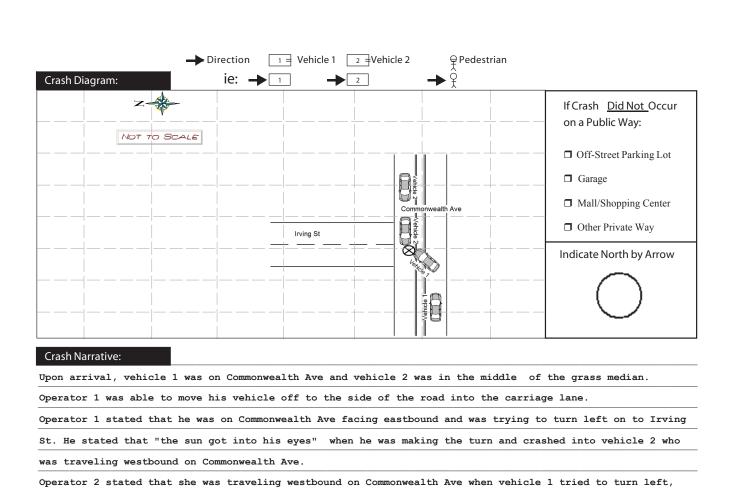
	Poli	ice Use Only		Commonwea	alth o	of Massa	achus	setts			RMV	V Docur	nent Number	
	Date of Crash 08/10/2021	Time of Crash 08:12	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Number Injured	Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCAT		>						CTION:	$\neg$ $\vdash$
	WES	т сомм	IONWEALTH AV	TE										2
1 1	Route# Direc		Name of	Roadway/Street		Route# Direction	on Addr	ress #		Na	me of F	Roadway	/Street	
	Route# Direction					Feet NSEW of • or							_   4	
						Mile Marker Exit Number								_
						Feet N S E W of  Route# Intersecting Roadway/Street							-  -	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								3
3						Landmark								$\dashv$
	Wehicle1	1_#Occupants	Hit/Run	Moped Case	Number		2100	0000594						_
	License#	18 1	St MA	DOB/Age	Reg # 6CBG20 Reg Type PAN Reg State MA								-	
	Sex_M_ Lic.	Class D 1	Lic. Restriction		Veh Year 2017 Veh Make CHEVY Veh Config. 20									
4 1	Operator HIS	ERMAN Last	CHRISTOPH	ER Middle	Owner (Same as operator)  Last First Middle  Address								- 1	
لــــــ	Address 24 W												-	
	City BELMON			te MA Zip 02478	*									
5			CE INSURANCE		± 20 20 20 2								ree)	
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Resp	onding to Emergency?_N	Event	Sequence 1	22 22 23	22	22 2		3		4 10 Undercari	ringa
	``	ssued)			Most I	Harmful Event	1	24	24	<b>+</b>	9		5 11 Totaled	nage
<sup>6</sup> <b>1</b>	1			2: ChSec		Contributing Co	ode 13				7		6	
1				4: ChSec	Under	ride/Override		Towed	<u>1_1</u>		31	32	22	_
	Name (Last Fir		ator and all occup	Address		Age/DOB	Sex Pos	6 27 t Safety System	28 2 Airbag Airb Status Swit	9 30 Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical Facil	1
	Operator			See Above				- 1	4 4	0	0	10 1		
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	pe 1	4 Action 1	Location Location	on	Conc	lition	17	Hi	t/Run Mop	ped
	License# St MA DOB/Age				Reg # 3ANM91 Reg Type PAN Reg State M					State MA	_ ]			
	Sex_F Lic.	F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2019 Veh Make VOLK Veh Config. 1							20		
8 <b>2</b>	Operator MARCHETTE TZIPORAH B Endorsment  Last First Middle				Owner (Same as operator)  Last First Middle								_	
	Address 21 PORTINA RD					Address								_
	City BRIGHTON State MA Zip 02135					CityStateZip								_
	Insurance Company PROGRESSIVE CASULTY INSURANCE				Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel	Event Sequence 1 22 22 22 22 22 3 4												
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								nage
	Violatio	n 1: ChSe	Driver Contributing Code 1 24 1 24											
,		n 3: ChSe	Underride/Override											
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex Po	t Safety System	28 2 Airbag Airb Status Sw	9 30 ag Eject itch Cod	Trap Code		33 ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above				- 1	4 4	0	0	10 1		
						+				+				



a tree and turned to avoid it, and her final resting spot was on the grass median.

I observed heavy front end damage on the front driver's side bumper and wheel on vehicle 1. On vehicle 2

(Continued on next page)

directly in front of her path of travel. After the collision, operator 2 stated that she almost crashed into

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

WELSBY , SIMON,

N

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

Truck and Bus Information:	(From Vehic	ele Section)		35	
Carrier Name				_ Carrier Issuir	ng Authority Code
Address		City		St	
US DOT #:	State Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

ROBERT DRAGONE NEWTON POLICE DEPARTS 08/10/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

FCrash Disknet Occur on a Public Way:	→	Direction 1	Vehicle 1	₂ =Vehicle 2	Pedestri	an	
One Public Way:  Off-Street Parking Lot  Garage  Mall Shopping Center  Other Private Way  Indicate North by Arrow  Indicate North by Arrow  Both operators atted they were not injured and declined medical attention. Both operators also called AAA  who came and towed the vehicles.  A witness, Simon Welsby, left his phone number with operator 2 and I gave him a call from Newton Police  Readquarters. Mr. Welsby stated that he was traveling behind vehicle 1 as they were turning left onto Irving  St. Mr. Welsby stated vehicle 2 had the right of way and that vehicle 1 made an improper turn.  Witnesses:  Name (Last, First, Middle)  Address  Phone # Strippe Description of Damaged Property  Witnesses:  Name (Last, First, Middle)  Address  Phone # Strippe Description of Damaged Property  Froperty Damage:  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Name  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Name  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Strippe Description of Damaged Property  I green Vehicle Section  Carrier Issuing Authority Code  Stri	Crash Diagram:	ie: → 1	<b>→</b> [2	2	· ĝ		
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40 41		Reg Type	Reg State	Reg Year	Trai	iler Length	
Placard Material 1 digit # Material Name Material 4 digit # Release code	40	41					42
	Placard Material 1 digit #	Material N	ame		Material 4 d	igit # Release code	72

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)