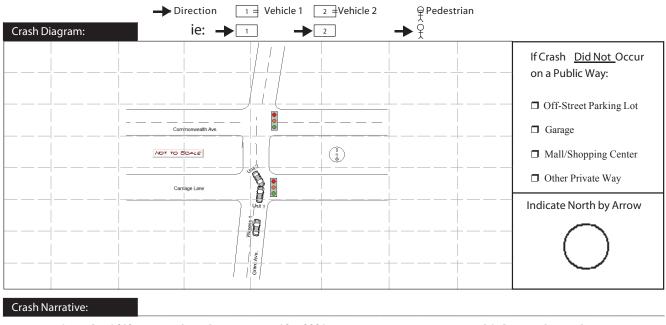
	Poli	ice Use Only		Commonwe	alth o	of Massa	achu	setts	5		RM	V Docui	ment Number	
	Date of Crash 08/12/2021	Time of Crash 16:45	City/To	MIOTOI		icle Cra	sh	Number Vehicles			ed Limi		State Police Local Police MBTA Police	Xi
	09142021	24HR		Po		Report		2	0		ngitude_		Other:	
		AT INTER	SECTION:	<	LOCA	TION	>		NO	T AT	INT	ERSE	CTION:	2
	WES	т сомм	ONWEALTH A	VE										
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direc	tion		Roadway/Street At		Route# Direction	on Ado	dress #		Na	ame of I	Roadway	/Street	2
	SOU	TH GRANT		Al		Feet [N S E	w of		Marker		or	Exit Number	_
	Route# Direc	ction N		ng Roadway/Street		Feet [N S E	w of	IVIIIe	Marker			Exit Number	_
			Also at Inter	rsection with				_	Rout	e#	Intersec	ting Roa	ndway/Street	- <u> </u>
² 1	Route# Direc	tion	Name of Interse	cting Roadway/Street		Feet	N S E	w of			T a	ndmark		3
3	[V]vz.id.a.a	1 #0		Пин							La	паттагк		\neg
	Vehicle 1	#Occupants	Hit/Run	_ r Cast	e Number		210	00000602						
	License#	18 1	St M	A DOB/Age	Reg#	882WWK			Reg T	ype_PA	N	Reg	State MA	_
	Sex_M Lic.	Class D	Lic. Restriction		_ Veh Y	ear_2010	Veh	Make_H	ONDA			_Veh Co		
⁴ 3	Operator CH	Last	NORBERT	Middle		r CHU		MARY	First			Middle	e	$ 1^1$
	Address 35 HI				Address 35 HIGH ST								_	
		City RANDOLPH State MA Zip 02368					City RANDOLPH State MA Zip 02368							
	Insurance Com	npany COMMER	CE		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ree)
5 1	Vehicle Travel	Direction: N	X E W Resp	ponding to Emergency? N	Event	Sequence 1	22 22	22	22		3		4	
	Citation # (If I	ssued)			Most	Harmful Event	1 23		(•	9	$\left\{ \ \right\}$	10 Undercar 5 11 Totaled	rriage
6	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		24	24		VŢ)	
⁶ 1				1 4: ChSec	Under	ride/Override	25	Towe	ed ¥	3)			6	
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB Sex System Status Switch Code Code Status Code Medical Facility						1^{1}		
	Operator			See Above				1	4 4	0	0	10 1	L	
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype	14 Action 1	I5 Loca	tion	16 Cor	ndition	17	Н	it/Run	ped
			_{C4} M	A DOD/A ====================================	Reg # 8RS517 Reg Type PAN						N	N - a MA		
		License # St MA DOB/Age				Veh Year 2015 Veh Make SUBARU					20			-
8	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL				_							Veh Config. 1		
8 Operator CASLER SAM Owner CASLER PETER Last First Middle Last First Middle Address 19 FENNO RD Address 19 FENNO RD								e	-					
	City NEWTON State MA Zip 02459 Insurance Company COMMERCE					City NEWTON State MA							z: 02459	
							Crack	2	21	Damag			Circle Up to Th	ree)
			Seguence 4	22 22	22	22 (3		4				
	Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 1 222						23							rriage
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 4 24 24 24 24 24 24 24 24 24 24 24 24 2							5 11 Totaled						
								6						
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override						33		
	Name (Last Fi	irst Middle)		Address		Age/DOB	Sex I	Pos. Syster	n Status S	witch Co	de Code	Status C	ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above			-	1	2 4	0	0	10 1	1	



At approximately 1640HRs on Thursday, August 12, 2021, I came across a motor vehicle crash at The intersection of Grant ave. and Commonwealth Ave.'s Carriage Lane. MV 1 (MA Pass: 882WWK) was facing SB on Grant ave., in the intersection. I observed it to have extensive front end damage (bumper, hood, driver's side head light and a pushed in radiator core support) and it was leaking fluids. MV 2 (MA Pass:8RS517) was facing WB in the Carriage Lane and displayed damage to its front passenger's side (hood, head light, bumper and fender).

Upon speaking to the operator of MV1, they stated that they were traveling straight (SB) on Grant Ave.

and had a green traffic light. As they approached the intersection, MV 2 made a left hand turn and struck MV

1.

(Continued on next page)

W itnesses:								
Name (Last, First, Middle)		Address			Phone	e #	Statement	
BICICCO , ASHLIE,		82 CHESTER HYDE PARK				Y		
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dan	scription of Damaged Property			
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)	Carrier Is	ssuing Authority Coo	35 le	
Address			City		St	Zip		
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36	
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr				
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material Na	nme		Material 4	digit #	Release code	42	

_	→ Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedesti	ian			
Crash Diagram:	ie: → 🗆	→ [2	₽Ŷ				
		 				<u>Did Not</u> Occur olic Way:		
		<u> </u>	<u> </u>		□ Off-S	treet Parking Lot		
		 			Garag	se e		
				į	☐ Mall/	Shopping Center		
			<u> </u>		Other	Private Way		
			<u> </u>		Indicate	North by Arrow		
					(
Crash Narrative: Upon speaking to the operative attempted to make a left 1								
because they did not see	them.							
Upon speaking to witness :	l, they stated	they were tr	caveling behind	d MV1 and	that the traffic l	ight was indeed		
green. They then observed	MV 2 traveling	at a high	rate of speed,	as if th	ey were attempting	to "cut off"		
MV1. When MV 2 attempted	to make a left 1	hand turn, t	they impacted i	into MV1.				
All parties involved state	ed that they we	re not injur	red and did not	wish to	been seen by EMS.	Newton Fire		
arrived on scene and clear	ned up the fluid	ds. MV1 was	removed by Too	lys servic	e and MV2 was able	to drive away		
under its own power. I gav	ve the operator	of MV 1 a r	ride to NPD HQ	to await	their ride and the	n cleared.		
Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged P	roperty		
Truck and Bus Information:			(From Vehicle Section) Carrier Issuing Authority Code					
Address			_ City		St	Zip		
US DOT #:						aterstate 36		
37	oss Vehicle Weight	38						
Trailer Reg #:		Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:					5.22			
Placard 40 Material 1 digit	# 41 Material N	Jame		Material 4	digit# Rel	ease code 42		
CHRISTOPHER G HOWES		388	04 NEW	TON POLICE DEPART.	1	08/12/2021		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)