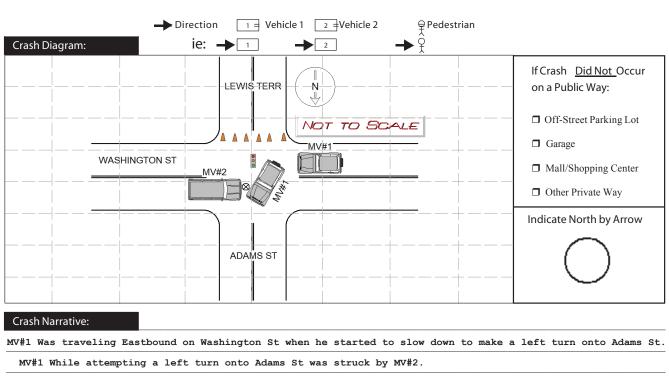
	Poli	ice Use Only		Commonwe	alth (of Massa	achu	setts	5		RMV	V Docun	ment Number	
	Date of Crash 08/18/2021	Time of Crash 20:42	City/To NEWTON	MIOTOI		icle Cra	sh	Number Vehicles			ed Limi itude		State Police Local Police MBTA Police	NA NA
		24HR				Report		2	0		ngitude_		Other:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NC	Т АТ	INT	ERSEC	CTION:	
	NOR	TH ADAM	S ST											
1 4	Route# Direc	tion		Roadway/Street		Route# Direction	on Add	dress #		N	ame of F	Roadway	Street	2 ¹
	At EAST WASHINGTON ST			Feet NSEW of or or							- 📙			
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number Feet NSEW of							_		
			Also at Inter	rsection with				_	Rout	e#	Intersec	ting Roa	dway/Street	- 1
2 1	Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of								3		
3					Landmark								-	
1	XVehicle1	1_#Occupants	Hit/Run	Moped Case	e Number		21	00000615	;					
	License#		St _M		_ Reg#	5164TI			Reg	Гуре_РА	N	Reg	State MA	_
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2018 Veh Make JEEP Veh Config. 20									
4	Operator REGAN DEREK Endorsment				Owne	(Same as ope	rator)		177			Middle		- 1 ¹
3	II .	Address 47 CUBA ST			Owner (Same as operator) Last First Middle Address									_
	City WATERTOWN State MA Zip 02472				City State Zip_								_	
	Insurance Com	pany_THE COM	IMERCE INS		Vehic	le Action Prior to	o Crash	4	21	Damag	ed Area	Code: (0	Circle Up to Thr	ee)
5 1	Vehicle Travel	Direction:	S E W Res	oonding to Emergency? N	Event	Sequence 1	22 22	22	22	D	•		4	
1		ssued)			Most	Harmful Event	1 23				9	/ `	10 Undercarr	riage
	Violation	1: ChSec	Violation	2: ChSec	Driver	ا Contributing Co	ode 9	9 24	99 24			√ ,	5 11 Totaled	
⁶ 1	Violation	Violation 3: ChSec Violation 4: ChSec Underride/Override							6					
	Please fill out for operator and all occupants involved						s	26 27 eat Safety		29 3 irbag Eje	0 31	32 Injury Tra	33 unsp.	1
	Name (Last Fir Operator	st Middle)	1	Address See Above		Age/DOB		os. \$ystem	Status Sv	vitch Coc	le Code	\$tatus Co 10 1	de Medical Facil	1 1
	1											10 1		
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	ype	Action 1	Loca	tion	16 Con	ndition	17	Hi	t/Run Mop	oed
	License# St MA DOB/Age				_ Reg#	Reg # 49JP71 Reg Type PAN Reg State MA						State MA	_	
	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2016 Veh Make ACUR Veh Config. 1									
⁸ 2	Operator KEI	Operator KELLY STEPHEN Last First Middle Middle			Owner (Same as operator) Last First Middle									_
_	Address 170 OTIS ST					Address								_
	City NEWTON State MA Zip 02465				City_	CityStateZip								_
	Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSEN Responding to Emergency? N				Event	Event Sequence 1 22 22 22 2 3 4								
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage
	Violatio	n 1: ChSe	Driver	Driver Contributing Code 19 24 99 24										
	Violatio	n 3: ChSe	Under	Underride/Override 25 Towed N 7 6										
		Please fill out for operator and all occupants involved						26 27 eat Safety	28 Airbag A	29 3 irbag Eje	0 31 Trap	Injury [Fra	33 insp.	
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB	Sex 1	Pos. System		witch Co	de Code 0	10 1	ode Medical Faci	iity
	*													
											+			



OPMV#1 Stated the other vehicle had its turn signal on and then noticed at the last second there was a road closer sign in the road and collided with him.

MV#2 Was traveling Westbound on Washington St when it started to slow down to make a left turn onto Lewis

Terr. MV#2 was then struck by MV#1.

OPMV#2 Stated he didn't see the road closed sign on Lewis Terr until the last second and tried to correct himself and keep going straight on Washington St. Thats when he collided with the other vehicle.

No vehicles were towed.

Name (Last, First, Middle)	Address		Phone i	#	Statement					
Property Damage:										
Owner (Last, First, Middle)		Phone #	Description of Dama	cription of Damaged Property						
Truck and Bus Information: Registration #										
Address			City		St	Zip				
US DOT #:S	State Number		Issuing State	ICC#:		Interstate	36			
Cargo Body Type Code 37 Gross Vehicle Weight 38										
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr						
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Nam	ne		Material 4	ligit#	_ Release code	42			