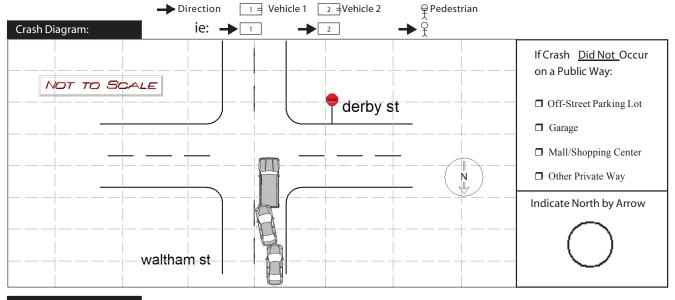
	Poli	ce Use Only		Commonw	ealth	of Mas	sach	use	tts		F	RMV D	ocume	nt Number	
	Date of Crash 08/20/2021	Time of Crash 08:17	City/To NEWTON	14101		hicle Ci				Number Injured	Latitud	Limit <u>30</u> e		State Police Local Police MBTA Police	XI
		24HR				Report		3		0	Longitu		(Other:	_
		AT INTER	RSECTION:	<	LOCA	ATION	>			NOT .	AT IN	NTER	SECT	TON:	2
	EAST	DERBY	ST												
1	Route# Direct	tion	Name o	f Roadway/Street At		Route# Dire	ction A	Address	#		Name	of Road	lway/Stı	reet	2 10
	SOU	TH WALTH	HAM ST	110		Feet	N S I	E W of	f	Mile Ma	• _	or _		Exit Number	
	Route# Direc	tion N		ng Roadway/Street		Feet	N S I	E W of		IVIIIC IVIA	IKCI			ZAIT INUITIOCI	\dashv
2			Also at filte	section with						Route#	Inte	ersecting	Roadw	ay/Street	2
² 3	Route# Direct	tion	Name of Interse	ecting Roadway/Street		Feet N S E W of									
3	X Vahicle 1	#Occupants	☐ Hit/Run	☐ Moped (<u> </u>									7
	ZZ Velifer	#Occupants			Case Numbe			210000							4
	License#	18 1	St M	A DOB/Age		2SKB99				Reg Type			-	20	
	Sex_M_ Lic. 0		Lic. Restrictio	ns 1 CDL Endorsment		Year_2012		eh Mak	e_NISS	AN		Ve	h Confi	g. 2	
⁴ 2	Operator THO	Last	DAVID	Middle		er (Same as o							Middle		· 12
	Address 45 GC			244		ress									
	City FRAMIN			ate_MA_Zip_01702		Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
5		pany TRAVELE													
		Direction: N		ponding to Emergency?		t Sequence 1	.	23				17		10 Undercarria	age
	`	ssued)		2 (1 (Harmful Even	t 1	24	1 3	1 4	⊢	9	5	11 Totaled	-8-
⁶ 2	1			1 2: ChSec		er Contributing		1				7)	
				n 4: ChSec	. Unde	erride/Override			27 2		30 Eject Ti	31 3:	2 33	1	13
	Name (Last Fir			Address		Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facil							Medical Facility	1 1	
	Operator			See Above				:	1 4	4	0 (0 10	1	NONE	\dashv
⁷ 2	Please Select C of the Followi	IX Vahicla	2 <u>1</u> #Occupar	ts Non-Motorist A	Туре	14 Action	15 Lo	cation	16	Condition	on	17	Hit/R	un Mope	ed
	License#		St_FI		Reg	Reg # FIE66 Reg Type PAN									.]
	Sex_F_ Lic. 0	Class D 18 1	Lic. Restrictio			Veh Year 2010 Veh Make NISSAN Veh Config.						g. 20			
⁸ 2	Operator VAI	Last	SARAH First	P Endorsment Middle	Own	Owner (Same as operator) Last First Middle Address									
	Address 3457	GOLDA CIR			Addr										
	City FORT MYERS State FL Zip 33917														
	Insurance Com	pany_USAA			Vehi	cle Action Prio	r to Crasl				maged A		,	cle Up to Three	e)
	Vehicle Travel Direction: N K E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Event Sequence 1 22 22 22 22 22 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 24 24 11 Totaled									
														ige	
,	Violation	_ Unde	Underride/Override												
	Plo Name (Last Fi		operator and al	l occupants involved Address		Age/DOE	Sex		27 2 afety Airb System St	28 29 bag Airbag atus Switch	30 Eject Ti Code 0	31 32 rap Injur Code Stat	y Transp).	ty
	Operator/	Non-Motorist		See Above			-	:	1 4	4	0 (10	1	NONE	
															\dashv

Poli Date of Crash	Time of Crash		Commonwea Motor		i massa icle Cra		Jumber	Number		RMV d Limit		State Police	
08/20/2021	08:17	NEWTON			Report	l v	ehicles	Injured 0	Latitu	ide itude_		State Police Local Police MBTA Police Other:	X
	AT INTEL	RSECTION:		LOCAT		>	3					CTION:	
													_
Route# Direc	tion	Name of Roa	dway/Street	R	toute# Direction	n Addr	ess #		Nan	ne of R	oadway/S	Street	
At					Feet NSEW of or								
Route# Direc	etion 1	Name of Intersecting Ro	padway/Street	-				Mile M	arker			Exit Number	_
		Also at Intersecti	on with	-	Feet N	N S E W	of	Route#	— Ir	ntersect	ing Road	way/Street	_
Route# Direc	tion	Name of Intersecting	Roadway/Street		Feet N	N S E W	of						
		T_ T								Lan	dmark		
XVehicle 3	#Occupants	Hit/Run	Moped Case	Number		2100	0000616						
License#	18	St MA	DOB/Age	Reg # 6	74PL4			_Reg Typ	e_PAN	I	Reg S	State MA 20	_
Sex_F Lic.	Class D	Lic. Restrictions	1 CDL		ar_2007		lake_KIA	A			Veh Con	ifig. 1	
	VINCENTIS Last		Middle		(Same as oper			First			Middle		_
	ONDAZIAN ST		MA		S								_
City WATER			MA Zip 02472				21					ipircle Up to Thre	
1	pany COMME		: 2 N		Action Prior to	Crash	22	22 2	mageO	3	,	4	<i>(C)</i>
]	Direction: N		ing to Emergency? N		requence	23				\prod		10 Undercarri	riage
`	ssued) 1: Ch Se	c Violation 2: 0	Ch Sec		armful Event [Contributing Co	1 23 ode 19	24	24 1	←	9		5 11 Totaled	-
		c Violation 2: C			de/Override	25	Towed	(Y)		7		6	
Please	fill out for oper	ator and all occupant			ac, e verrae	20 Seat		28 29 Airbag Airba	30 Eject	31 Trap I	32 Tran	33	
Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Pos.	System S	Status Switch	Code 0	Code S	tatus Cod	NONE	
							+ +						
							+		+				—
Please Select C)no			14		5	1	6		17			
of the Followi	Vehicle	e# Occupants	Non-Motorist A Typ	ре	Action	Location	n	Condit	ion	1,	Hit/	/Run Mop	oed
License#		St	DOB/Age	Reg#_				_Reg Typ	ie		Reg S		
Sex Lic.	Class 18	Lic. Restrictions	CDL Endorsment	Veh Yea	ar	Veh N	lake				Veh Con	afig. 20	
Operator	Last	First	Middle	Owner ₋	Last			First			Middle		_
Address				Address	3								_
City		State	Zip	City							Z		-
Insurance Com					Action Prior to		21	Da Da 22 2	amaged	l Area (`	fircle Up to Thre	ree)
	Direction: N	S E W Respon	ding to Emergency?		sequence	22 22 23				Ť		10 Undercarri	riage
Citation # (If Issued) Violation 1: Ch. Sec. Violation 2: Ch. Sec.					Most Harmful Event Driver Contributing Code 24 24 1 5 11 Totaled								
Violation 1: ChSecViolation 2: ChSec Violation 3: ChSecViolation 4: ChSec					Contributing Co	25		8		7		6	
		r operator and all occ		Onderri	de/Override [26 Seat	Towed _	28 29 Airbag Airba	30 Fiest	31 Trap I	32 Tran	33	
Name (Last Fi			Address See Above		Age/DOB	Sex Pos	System	Status Swite	ch Code	Code	njury Tran Status Co		ility
Operator/	1 voii-iviotolist		See Above				++						
1					I	(I	1 1	1	1	1	1 [1	
							+						



Crash Narrative:

ON 8-20-21 AT APPROX. 0817HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT
THE INTERSECTION OF WALTHAM AND DERBY I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING
S-BOUND ON WALTHAM. HE STOPPED AT THE INTERSECTION TO LET A BICYCLIST CROSS THE STREET AND WHEN HE STOPPED
HE WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON WALTHAM ST AND HAD
STOPPED BEHIND VEHICLE #1. SHE STATES SHE WAS HIT IN THE REAR BY VEHICLE #3 AND THAT PUSHED HER INTO HITTING
VEHICLE #1. VEHICLE #3 STATES SHE WAS TRAVELING S-BOUND ON WALTHAM. SHE SAW VEHICLES #1 AND #2 STOP. WHEN SHE
WENT TO BRAKE SHE STATES HER VEHICLE SLID ON THE WET SURFACE (IT HAD RAINED OVERNIGHT) AND SHE WAS
UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #1 HAD LEFT REAR FENDER DAMAGE. VEHICLE #2 HAD EXTENSIVE FRONT
AND REAR END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #3 HAD MINOR FRONT END DAMAGE AND WAS TOWED BY AAA

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration #_____(From Vehicle Section) 35 Carrier Name_ Carrier Issuing Authority Code ____ City____ Address_ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information:

THOMAS P WALSH			NEWTON POLICE DEPARTM		08/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name_____ Material 4 digit # _____ Release code

Placard

Material 1 digit #

-	Direction	∃ Vehicle 1	2 = Vehicle 2	Pedestrian		
Crash Diagram:	ie: 🕕 🛚	→	2	→ ♀		
	,	_		^	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	ng Lot Center
Crash Narrative:						
TOWING. ALL PARTIES REPOR	TED NO INJURIES.	ALL PARTIES	S ADVISED TO	CONTACT THEIR	R INSURANCE COMPANIES. C	CLEARED
WITHOUT FURTHER INCIDENT.						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name					Carrier Issuing Authority Co	de 35
Address			City		St Zip	
						36
US DOT #:	_ State Number	38	Issuing State	ICC #:	Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight	38				_
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 39	
Hazmat Information:						
40	# 41 M-4137	am o		Motoriol 4 41 14	#Release code	42
Placard Material 1 digit	" Iviaterial Na	anne		iviaterial 4 digit	.# Kelease code	
THOMAS P WALSH			NEV	WTON POLICE DEPARTA	08/20/2	2021
Police Officer Name (Please Print)	Signature		ID/Badge # D	Pepartment	Precinct/Barracks Dat	te

CDP1 11 ·24·00