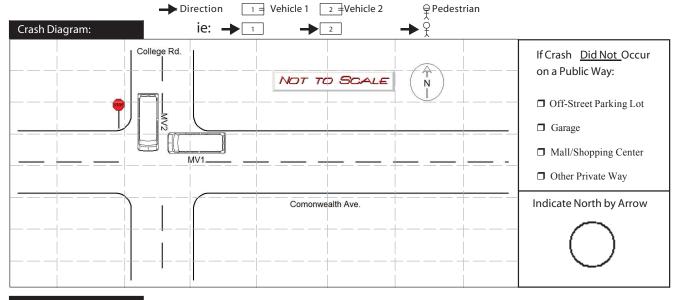
	Poli	ice Use Only		Commony	wealth	of Mass	sach	use	etts			RM	V Doci	ument	Number	
	Date of Crash 08/24/2021	Time of Crash 12:36	City/T NEWTON	1410		hicle Cr	ash	Veh	mber nicles	Numb Injure	d Lati	ed Limi		Sta Lo M	ate Police ocal Police BTA Police	N XI
		24HR				Report		2		0		gitude		Ot	her:	$\overline{-}$
		ATINTER	RSECTION:	<	LOCA	ATION	>			NO	IAI	INT	EKSE	ECH	ON:	
1	SOU	TH COLLE	GE RD													
1^{1}	Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE					Route# Direction Address # Name of Roadway/Street							et	2		
						Feet NSEW of or Exit Number								it Niverban	- -	
	Route# Direc	etion N		ing Roadway/Street		Faat	N S I	F W	of.	Mile	viarker			Ex	at Number	_
			Also at Inte	ersection with						Route	#	Intersec	ting Ro	oadway	//Street	- -
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									3	
3				<u> </u>		Landmark									\dashv	
1	XVehicle1	1_#Occupants	Hit/Ru	Moped	Case Numbe	er		210000	00629							
	License#		St_N		Reg	# T88673				Reg T	pe_CC	N	Re	g State		_
	Sex_M Lic. 0	Class D 18 1	8 Lic. Restriction	ons B 19 CDL	Veh	Year_2018	V	eh Mal	ke_FO	RD			Veh C	Config.	2 20	
4	Operator MA		WILLIAM	Endorsmen	nt	er PAYZANT										- 1
2		NG BEACH RD	First	Middle		ress 46 BRAUN				First			Midd	ale		₋ ├⁴
	City MIDDLE			tate MA Zip 02346		City PLYMOUTH State MA Zip 02360										
	Insurance Com	pany THE COM				Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										ee)
5	1	Direction: N		sponding to Emergency?		Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage										
	Citation # (If Is		74	r887 ·											riage	
	`	·	· Violatio	n 2: ChSec		er Contributing		1 2	4	0	+	9	$\langle $	5	11 Totaled	
⁶ 1	1			n 4: Ch Sec		erride/Override) E	 Гowed			7		6		
_	Please 1		26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								_					
	Name (Last Fire			Address See Above		Age/DOB	Sex	Pos. S	System	Status Swi	tch Cod	e Code	Status	Code	Medical Facili	ity 1
	Operator			See Above					99	4	0	0	10	1		
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Motorist	A Type	14 Action	15 Lc	ocation	1	6 Cond	lition	17		Hit/Ru	п Мор	ed
	License#		St_N	IA DOB/Age	Reg	Reg # W57373 Reg Type CON Reg State							e_MA			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh	Veh Year 2021 Veh Make RAM Veh Config. 20										
⁸ 1	Operator RODRIGUEZ ROBERTO Endorsment				nt Own	Owner ADTECH SYSTEMS									_	
1	Address 59 PLEASANT ST Middle					Address 490 BOSTON POST RD										
City RANDOLPH State MA Zip 02368					 City	City SUDBURY State MA Zip 01776										
	Insurance Com	pany THE CON				cle Action Prior	to Crasl	h .	1 21]]	Damage				e Up to Thre	ee)
	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					Most Homeful Front 23									riage	
						Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 8 6										
				Il occupants involved		C.T.Ide, Override				28 2 irbag Air	9 30) 31 Trap	32	33		\dashv
	Name (Last Fi	rst Middle)	<u> </u>	Address		Age/DOB	Sex	Pos.	System	Status Sw	itch Co	de Code	Status	Code	Medical Faci	lity
	Operator/	Non-Motorist		See Above					99	1 99	1	0	10	1		
											\perp					



Crash Narrative:

Operator of MV1 sated they were driving eastbound on Commonwealth Ave, when they noticed MV2 come out of college Rd. MV1 stated that they slammed on the breaks but did not have enough time or space to stop.

Operator of MV2 stated that they made the stop and wanted to continue straight on College Rd when he saw MV1 on Commonwealth Ave. Operator of MV2 stated that they were already on Commonwealth Ave. and did not have time to stop.

MV1 struck MV2 on the left driver door. MV2 had significant damage to the door, left bumper, and the left side airbag deployed, are making the vehicle unsafe to drive. Todys's was contacted to tow MV2. MV1 had minor damage to the front left and center of the bumper. MV1 was safe to drive and was taken by the operator. Both parties were checked out by medics, had no injuries, and signed a patient refusal.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damage	ed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issuin	ng Authority Coc	
Address			City			St	Zip	
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	Tr	ailer I			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	£	Release code	42

ELMER ACUNA		NEWTON POLICE DEPARTM	08/24/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date