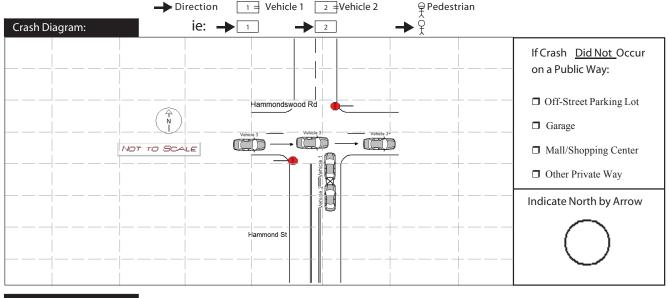
	Poli	ice Use Only		Commo	onweal	lth o	of Mass	ach	use	etts			RMV	V Doci	ument	t Number	
	Date of Crash 08/27/2021	Time of Crash	n City/1	Yown N	Motor	Vehi	icle Cra	ash		mber hicles	Numbe		ed Limi tude _		St	ate Police ocal Police BTA Police	<u></u>
	00/2//2021	24HR			Poli	ice I	Report		3		0		gitude_			BTA Police ther:	
		AT INTE	RSECTION:		< L	OCAT	TION	>			NO	ГАТ	INT	ERSI	ECTI	ION:	
	NOR	TH HAMN	MOND ST														
1 1	Route# Direct	tion	Name	of Roadway/Street		Route# Direction Address # Name of Roadway/Street Feet N S E W of											
		HAMN	MONDSWOOD	At RD													
	Route# Direc			ing Roadway/Street		— [-					Mile I	Marker			Ex	xit Number	_
			Also at Int	ersection with		-	Feet	N S I	E W	of	Route	<u> </u>	Intersec	ting Ra	nadway	y/Street	- L
2 1				secting Roadway/Str		-	Feet [N S I	E W	of						,. =	
	Route# Direct	Landmark									4						
3	XVehicle1	2_#Occupants	s Hit/Ru	n Moped	Case N	umber			210000	00639							1
	License#		St ¹	MA DOB/Age		Reg#3	3048VK				Reg Ty	ne PA	N	Re	o State	_a MA	-
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4			MICHAEL First	Endo	rsment		(Same as ope										- -
2	Address 194 E	Last LMWOOD RD	First	Mic	ddle		La							Mid	dle		- L
	City NEEDHA			state_MAZip_024	492									,	7in		-
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5				sponding to Emerge			_			22	22 2		3		(4)	•	
1		ssued)		sponding to Emerge	circy:		Iarmful Event		23		(M			10 Undercarr	iage
				on 2: Ch Sec					1 2	24	24 1	←	9	$\downarrow \downarrow$	0	11 Totaled	
⁶ 1	Violation 1. Cit Sec Violation 2. Cit Sec Driver Contributing Code 1						6										
	Please fill out for operator and all occupants involved					Underr	ide/Override					9 30	31	32 Injury	33		\dashv
	Name (Last Fir		1	Add	dress		Age/DOB	Sex	Pos.		28 2 irbag Airt status Swi			Status	Fransp. Code	Medical Facili	ty 1
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	SPALLA, MIC	HAEL	1	IEEDHAM, MA 024	492			M	3	1 4	4	0	0	10	1		
⁷ 3	Please Select C of the Followin		le2 1_#Occupa	nts Non-Mot	orist A Type	14	4 Action	15 Lo	cation	10	Conc	ition	17		Hit/Ru	п Мор	ed
	License#		St_ ¹	MA DOB/Age		Reg#3	3YB215				Reg Ty	pe PA	N	Re	g State	_e MA	
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⁸ 2	Operator DEC	GEOFROY	OLIVIA		rsment	Owner	OVERTOON	M	K	AREN							_
	Address UKN	OW RESERVO	Pirst DIR DR	Mie	ddle	Addres	33 SCOTCH	ist IMANS	S BRII	DGE LI	First V			Mid	dle		
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	Insurance Com	рапу СОММЕ	RCE			Vehicle	Action Prior	to Crasl	h [1 21] I	Damage	- d Area	Code:	(Circl	e Up to Thre	ee)
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				ll occupants invol							28 2 irbag Airt	9 30 ag Eject	31 Trap	32 Injury	33 Fransp.		\dashv
	Name (Last Fi	rst Middle) Non-Motorist	<u> </u>	See A	hove.		Age/DOB	Sex	Pos.	System 1	Status Sw	itch Cod	le Code	Status	Code	Medical Faci	lity
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	ice Use Only		Commonweal			_						nent Nur	
Date of Crash 08/27/2021	Time of Crash 16:44	City/Tow NEWTON	MIOTOI		icle Cra	ish	Number Vehicles			ude		State Po Local P MBTA	olice [Police] Police [
	24HR	1			Report		3	0		gitude_		Other:	
	AT INTE	RSECTION:	< I	LOCAT	ION	>		NO'	ГАТ	INTE	ERSE	CTION	:
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Route# Direc	Mile Marker Exit Number Feet N S E W of												
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Route# Direc	etion		1 cct	., 5 2	61			Lar	ıdmark				
X Vehicle 3	_1_#Occupants	Hit/Run	Moped Case N							Lui			
_		Inykun	Case N	Number			00000639						
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	Please fill out for operator and all occupants involved						26 27 eat Safety		29 30	31 Trap Code	32 Injury Tra	33 ansp.	
Name (Last Fin			Address See Above		Age/DOB	Sex P		Status Swi	tch Code	Code	\$tatus Co	ode Medic	cal Facility
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Please Select (of the Followi	Vehicle	e# Occupants	Non-Motorist A Type	e 14	Action	Loca	tion	Cone	dition	17	Hi	t/Run	Море
License#		St	_DOB/Age	Reg#				Reg T	vne		Reg	State	
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Address		First	Middle		Las 5			First			Middle		
City		State	eZip	City						_State	;	Zip	
Insurance Com	npany			Vehicle	Action Prior to	o Crash	2	21	Damage	d Area	Code: (0	Circle Up	to Three
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Violatio	on 1: ChS	ec Violation	2: ChSec	Driver Contributing Code 24 24									
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Pl Name (Last F		r operator and all o	ccupants involved Address		Age/DOB		26 27 eat Safety Pos. Syster	28 Airbag Air n Status Sv	29 30 Eject ritch Cod	31 Trap e Code		33 ansp. Code Med	ical Facility
	Non-Motorist		See Above										



Crash Narrative:

Upon arrival, I observed vehicle 1 and vehicle 2 parked on Hammondswood Rd at the intersection of Hammond St and Hammondswood Rd. There was damage to the rear of vehicle 1 and heavy front end damage to vehicle 2.

There was also a small spill of anti-freeze, that leaked from vehicle 2.

Operator 1, Michael Spalla, stated he was driving with his son, Northbound on Hammond St and stated that vehicle 3 was traveling Eastbound on Hammondswood Rd. Vehicle 3 did not come to a complete stop at the stop sign at the intersection. To avoid a collision, Operator 1 stated that he stepped on his brakes and then vehicle 2 rear ended him. Operator 1 described vehicle 3 as a charcoal black small SUV, that had a Lyft decal on the window. Operator 1 was unable to provide a description of Operator 3. Operator 1 stated that vehicle 3 continued Eastbound on Hammondswood Rd and did not stop.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	#	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information:	Pagistration #		(F V.1:	la Castion)				
Carrier Name			(From Vehic	e Section)		Carrier Issu	uing Authority Cod	35 le
Carrier Name							-	le
			City			St	Zip	le
AddressUS DOT #:	State Number		City			St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le
AddressUS DOT #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#:Tr	railer L	St	Zip Interstate	le

-	▶ Direction	1 = Vehicle 1	₂ ≢Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	> ♀			
						If Crash <u>Did Not</u> Oon a Public Way:	Occur
						☐ Off-Street Parking	Lot
						☐ Garage	, 201
		_					
						■ Mall/Shopping Ce	
						☐ Other Private Way	7
	 					Indicate North by A	rrow
		 -	_ — — — 🕂 -		- — —		
				İ			
Crash Narrative:							
Operator 2, Olivia Degeof	coy, stated the	at she was tra	veling Northb	ound on H	ammond St b	ehind vehicle 1.	. She
stated, she witnessed veh	cle 3 not come	e to a complet	te stop at the	intersec	tion and who	en vehicle 1 sto	opped,
she did not have enough to	ime to stop as	well. Operato	or 2 was unabl	e to desc	ribe vehicl	e 3.	
Newton Fire was on scene a	and was able to	o lay down spe	edy dry on the	e roadway	for the an	ti-freeze. Fallo	on
Medics checked out all par	ties involved	and they all	declined medi	cal atten	tion.		
Operator 1 was able to dr	ve his vehicle	e away, while	Operator 2 ca	lled for	a private t	ow company to re	espond
to pick up her vehicle.							
Witnesses:							
Name (Last, First, Middle)		Address			Ph	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
T 10 10 10							
Truck and Bus Information: Carrier Name				hicle Section)	Carrie	r Issuing Authority Code	e 35
Address			City		St	Zip	
US DOT #:							36
37	oss Vehicle Weight	38					
The State of the S		D. Ct. t.	D W	T	.1. 1	39	
Trailer Reg #: Hazmat Information:	Keg Type	Keg State	Keg Year_	Tra	aller Length		
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 o	digit #	Release code	42
Placard Material 1 digit	# 41 Material	Name		_ Material 4 o	digit#	Release code	42

CDP1 11 ·24·00

Police Officer Name (Please Print)

Department