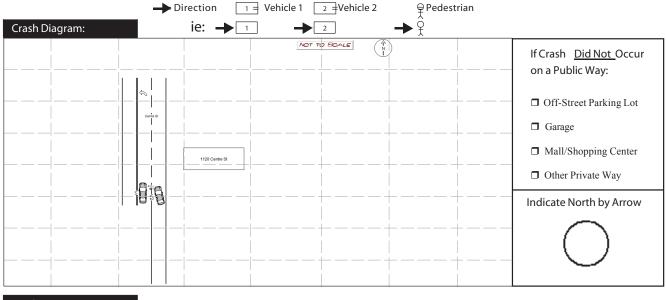
	Poli	ice Use Only		Common	wealth	of Mas	sacl	ıuse	etts			RM	V Doc	cumen	ıt Number	
	Date of Crash 09/12/2021	Time of Crash 16:58 24HR	NEWTON	Mo Mo	tor Vel Police	nicle Cr Report	ash	Nu Vel 2	mber hicles	Num Inju	red La	eed Lim titude _ ngitude			tate Police ocal Police IBTA Police Other:	N N
			RSECTION:	<	LOCA		>			N(от ат			ECT	ION:	
						NOR	гн :	1120		CEN	TRE ST					
1 [Route# Direc	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								_ 2		
						Feet	N S	EW	of -	Mil	 e Marker	• —	or	E	xit Number	-
	Route# Direc	ction		ing Roadway/Street		Feet	N S	E W	of		• 111111101				XIII I VAIIIOCI	
			Also at Inc	discertion with		Feet	NS	EW	of	Rou	te#	Intersec	cting R	loadwa	y/Street	·
1	Route# Direc	tion	Name of Inters	ecting Roadway/Street		1 000						La	ndmar	k		_ 4
1	XVehicle1	2_#Occupants	s Hit/Ru	n Moped	Case Number			21000	00601							7
	_							21000	00091		D.	NAT.			364	4
	License#	18		19		2DEZ18					Type PA				te MA	-
	Sex_M Lic.		Lic. Restriction	ons 1 CDL Endorsmer	nt	Year 2010			ke				_Veh	Config	g. 1	\vdash
1	Operator BAT Address 23 FA	Last AR HILL DR	First	Middle		(Same as o				First			Mie	ddle		- 1
	City AVON			tate CT Zip 06001		ess								7:-		.
	Insurance Com			Zip		ele Action Prior			21						ele Up to Thre	·
		Direction: X	S E W Re	sponding to Emergency?		Sequence 1	22	22	22	22	o	3		4	•	
1		ssued) T2080110		sponding to Emergency.		Harmful Event	\vdash	23					A		10 Undercarri	age
				on 2: Ch90/9/Bsec		r Contributing	_	9 2	24	24	1	9	4	5	11 Totaled	
1	1			on 4: Ch Sec		rride/Override		25]	Towe	1 Y	8	7		6		
			rator and all occ	upants involved			Т			28 Airbag	29 Sirbag Eje	30 31 let Trap de Code	32 Injury	33 Transp.		1
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex	Pos.	System	Status 8	99 0	de Code 0	\$tatus 10	Code 1	Medical Facilit	ty 1
	SCHWARTZ,	SAGI					М	11	99		99 0	0	10	1		\dashv
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,							15					15	-		<u> </u>	_
1	Please Select C of the Followi	IX Vehicle	e 2 <u>1</u> # Occupa	nts Non-Motorist	A Type	Action Action	15 L	ocation		16 Co	ndition	17		Hit/Ru	un Mope	ed
	License#		St ^M	1A DOB/Age	Reg#	115910				Reg	Type PA	AN	R	eg Stat	te_MA	7
	Sex_F Lic.	Class D 18	Lic. Restriction	19		7ear 2010		Veh Ma	ke_LE					Config	20	
2	Operator KA	TSUOKA	MAYUKO	Endorsmer		Owner (Same as operator)								_		
	Address 22 M	ORSELAND A	First VE	Middle	Addr	ess	_ast			First			Mie	adie		
	City NEWTO	N	s	tate MA Zip 02465	City_							State	e	_Zip		.
	Insurance Com	npany ALLSTAT	ГЕ		Vehic	ele Action Prior	to Cra	sh	1 2		Damag	ged Area	Code	: (Circ	ele Up to Thre	e)
	Vehicle Travel	Direction:	S E W	esponding to Emergency	? <u>N</u> Event	Sequence 1	22	22	22	22	2	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	1	23			1 4		$ \cdot $	5	10 Undercarri 11 Totaled	age
Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 9 24 24										
	Violatio	n 3: ChS	SecViolat	on 4: ChSec	Unde	rride/Override			owed	_N		7		6		
	Pl Name (Last Fi		r operator and a	ll occupants involved		Age/DOB	Sex		27 Safety 2 System	28 Airbag A Status	29 Airbag Eje Switch Co	ode Code	32 Injury Status	33 Transp. Code	Medical Facil	ity
		Non-Motorist		See Above	:						99 0	0	10	1		
	1						+				_		+			\dashv



Crash Narrative:

Vehicle 1 was travelling northbound, behind vehicle 2 on Centre St. Vehicle 2 went around vehicle 1, in order to get into the left hand lane, which started up ahead. Vehicle 2 changed into the left hand lane with no blinker, while vehicle 1 was already in it. I observed moderate damage to the front drivers side of vehicle 2, and minor damage to the passenger side of vehicle 1. Newton medics evaluated all parties, and cleared with refusals. Todys towed vehicle 1 because of the fact that it was unregistered. A Massachusetts uniform citation (T2080110), was issued in hand to the operator of vehicle 1. See incident report #21039072, for criminal charges.

Witness 1 was travelling behind vehicle 2, and has the accident on video. He was advised to email this to me, which I will have attached to the accident report.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)		Address				Phone #		Statement	
ALAMIN, AMIN,	120 (apt 502) ANTWERP ST BRIGHTON,MA					Y			
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descr	ription of Damag	jed Property		
Truck and Bus Information: Registration #									
Address		(City			St	Zip		
US DOT #: S			Issuing State	ICC #:_			_ Interstate	36	
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Le	ength			
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit#		Release code	42	

TIMOTHY ROCHE		NEWTON POLICE DEPARTM	09/12/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Direction 1 = Vehi	icle 1 2 #Vehicle 2	₽Pedestrian		
Crash Diagram:	ie: → 1	2	→ ĝ		
				If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co	g Lot
Crash Narrative:					
Crasimania					
Witnesses:					
Name (Last, First, Middle)	Addre	255		Phone #	Statement
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	34-Type Descrip	tion of Damaged Property	
Truck and Bus Information:	Registration #	(From	n Vehicle Section)		
Carrier Name		(1101	· ·	Carrier Issuing Authority Cod	35
Address		City		St Zip	
US DOT #:	State Number	Issuing State	ICC #:	Interstate	36
Corres De de Torre Coda	Carra Vahiala Waiala	-			
Cargo Body Type Code	Gross Vehicle Weight			39	
Trailer Reg #:	Reg Type Re	eg State Reg Ye	ear Trailer Len	gth	
Hazmat Information:					
Placard 40 Material 1 dig	git # 41 Material Name		Material A digit #	Release code	42
i iacaru Iviateriai I diş	iviateriai Naine		iviateriai 4 tilgit #	Release code	
TIMOTHY ROCHE			NEWTON POLICE DEPARTM	09/12/20	021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks Date	

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