	Poli	ice Use Only		Commonwea	lth o	f Massa	achus	setts			RMV	Docume	ent Number	
	Date of Crash 09/15/2021	Time of Crash 16:54 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Number Injured 0	Latitu	Limit de tude	25	State Police Local Police MBTA Police Other:	XI O
			RSECTION:		LOCAT		>		NOT				TION:	
						EAST	190		TREMO	NT ST				F
	Route# Direc	tion		Roadway/Street	F	Route# Direction	on Addı	ress #		Nam	e of Ro	oadway/S	treet	
	At				Feet NSEW of or Exit Number							- F		
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet NSEW of							_		
\neg	. Iso at incisector was			Route# Intersecting Roadway/Street Feet N S E W of								- - 		
l	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark							
	XVehicle1 1 #Occupants ☐ Hit/Run ☐ Moped Case N				Number 2100000712							7		
	License #		C _t M	<u> </u>		2ICE35			Dog Tym	a PAN		Dog Ct	tata MA	-
	License # St MA DOB/Age Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Reg # 2JCE35 Reg Type PAN Reg State MA Veh Year 2018 Veh Make NISS` Veh Config. 1 20								-	
	Operator OLI		ANGELA	Endorsment									ing.	- -
1		Last RAEBURN RD	First	Middle	Owner (Same as operator) Last First Middle Address									<u> </u>
	City NEWTO			ate MA Zip 02466	CityStateZip									
	Insurance Company ARBELLA MUTUAL INC				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	S X W Res	oonding to Emergency? N	Event S	Sequence 1 2	22 22	22	22 2		3		1	
	Citation # (If I	ssued)			Most H	Iarmful Event	1 23	'	_ 1	_	9	/	10 Undercarri 11 Totaled	iage
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co		24	24		<u>T</u>			
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6							\bot	
	Please Name (Last Fir		rator and all occu	pants involved Address		Age/DOB	Sex Pos	26 27 t Safety A System	28 29 Airbag Airba Status Switch	g Eject Code	31 Trap II Code \$	32 Trans tatus Code	sp. Medical Facili	ty .
	Operator			See Above				1	4 4	0	0	10 1		
l	Please Select (of the Followi		e2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 14	4 Action 1	5 Locati	on 1	6 Condi	tion	17	Hit/	Run Mop	ed
	License#	License# St MA DOB/Age			Reg # V17499 Reg Type CON Reg State MA							_]		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL				Veh Year 2019 Veh Make NISS Veh Config. 2									
	Operator FERREIRA JOSE Endorsment Last First Middle				Owner UNISOURCE CLEAN Last First Middle								-	
	Address 6 MARGARET CIRCLE				Address 308 CENTRAL ST							-		
	City_HUDSON State_MA Zip_01749				City HUDSON State MA Zip 01749							-		
	Insurance Company SELECTIVE INSURANCE COMPANY OF THE SOUT				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)							:е)		
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 22 22 10 3 4 10 Undercarriage							iage		
	Citation # (If I	Citation # (If Issued)				Most Harmful Event 1 24 5 11 Totaled							.uge	
	Violation 1: Ch Sec Violation 2: Ch Sec Sec Violation 2: Ch Sec				Driver Contributing Code 19 5									
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				Underr	ide/Override		Towed 6 27		30	31	32 3		\dashv
	Name (Last Fi	irst Middle)	i operator and al	Address		Age/DOB	Sex Po	6 27 t Safety A s. System	28 29 Airbag Airba Status Swite	g Eject ch Code	31 Trap Ir Code	njury Trans Status Cod	sp.	ity
	Operator/	Non-Motorist		See Above				- 1	4 4	0	0	10 1		\dashv
														\perp
														\neg

→	Direction 1	■ Vehicle 1 2	Vehicle 2	Pedestr	rian							
Crash Diagram:	ie: 🕕 🛚	2	□ →	₽								
						If Crash <u>Did Not</u> On a Public Way:						
						☐ Off-Street Parking	Lot					
	190 Tremont	NOT 7	O SCALE			☐ Garage						
						☐ Mall/Shopping Ce	enter					
	ž COO					☐ Other Private Way	,					
		Indicate North by Arro										
						indicate North by A	rrow					
	- —											
Crash Narrative:												
MV1 was travling eastbound	on Tremont St	following th	e flow of trai	fic. MV2	stated he	was looking down	n away					
from the roadway to grab his coffee when he did not realize that MV1 had slowed down in the flow of traffic. MV2 rearended MV1. No injuries and both cars drove away.												
Witnesses												
W itnesses: Name (Last, First, Middle)		Address			P	hone #	Statement					
Property Damage:	T		T									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property						
Truck and Bus Information:	Dagistration #		(Erom Vole	icle Section)								
Carrier Name			*	· · ·	Carr	ier Issuing Authority Cod	35 e					
Address						c ,						
							36					
US DOT #: Cargo Body Type Code 37 Gross		38	Issuing State	ICC #:_		Interstate						
Cargo Body Type Code Gros	ss Vehicle Weight					39						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39						
Hazmat Information:	45					_	421					
Placard 40 Material 1 digit #	Material Na	ame		_ Material 4	digit #	Release code	42					
KATELYN MARY POHLMAN			NEWTO	ON POLICE DEPART	N	09/15/20)21					

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)