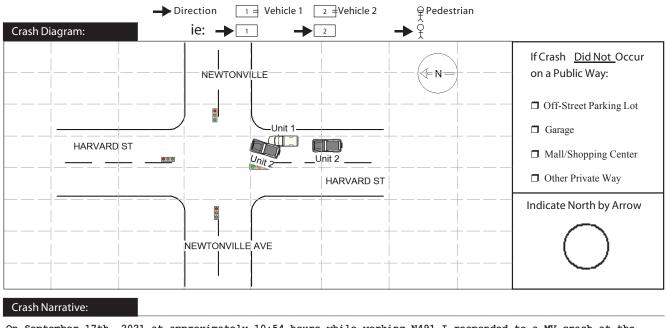
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	5		RM	V Docur	ment Number	
	Date of Crash 09/17/2021	Time of Crash 10:54	City/To	Motor		icle Cra	sh	Number Vehicles	Injur	ed Lat	ed Limi		State Police Local Police MBTA Police	XX
		24HR	CECTION.		LOCAT	Report	>	2	0		ngitude_		Other:	
		ALINIER	RSECTION:		LUCA	HUN			NC)I AI	INT	LKSE	CTION:	2
1	NOR													
1	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street						/Street	2		
	EAST NEWTONVILLE AVE					Feet NSEW of or Exit Numb							Exit Number	_
	Route# Direc	Feet N S E W of							_					
2	Also at Intersection with					Route# Intersecting Roadway/Street								3 11
² 2	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3	[N]	4 #0	Landmark									┪		
	Vehicle1	1_#Occupants	Hit/Run	Moped Case	Number		21	.00000718	3					
	License#	18 1	St RI	DOB/Age	Reg#	W26209			Reg	Type_CC	N	Reg	State MA	_
	Sex_M_ Lic.	Class 99 18 1	Lic. Restriction		Veh Year 2019 Veh Make FORD Veh Config. 20									
⁴ 3	Operator JOS	Last	NATHAN First	Middle	Owner GRO MOSQUITO Last First Middle									- 1
	Address 42 H	AMLET AVE (ap				93 GEORGE		DR						- -
	City WOONS	OCKET	Sta	te_RIZip_02378	City N. ATTELBORO State MA Zip 02760									_
	Insurance Company SAFETY					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel	Direction:	S E W Resp	onding to Emergency? N	Event Sequence 1 22 22 22 22 22 3 4									
	Citation # (If I	ssued)			Most I	Harmful Event	1 23			—	9		10 Undercarr 5 11 Totaled	riage
(Violation	1: ChSec	Violation	2: ChSec	Driver Contributing Code 1 24 24									
⁶ 1	Violation	3: ChSec	Violation	4: ChSec	Under	ride/Override	25	Tow	ed N		/		6	
	Please to Name (Last Fir		ator and all occup	oants involved Address	26 27 28 29 30 31 32 33 34 35 35 35 35 35 35							$_{\rm ity}$ 1^{13}		
	Operator See Above							1	4	0	0	10 1		
									+	_	+			
⁷ 2	Please Select C	I A Venicle	2 <u>1</u> #Occupant	s Non-Motorist A Tyr	pe 1	Action 1	I5 Loca	ation	16 Cor	ndition	17	│ │ │ │ ○ Hi	t/Run Mop	ped
	of the Followi	ng: —		1	, pecti							_		
	License # St NJ DOB/Age 18 18 19				Reg # Reg Type PAN Reg State NJ						State NJ 20	-		
	Sex M Lic. Class 99 Lic. Restrictions 9 CDL Endorsment					Veh Year 2016 Veh Make JEEP Veh Config. 2								
⁸ 1	Operator SCI	Last	JAKE First	Middle	Owner SCHNEIDER MICHAEL Last First Middle								-	
	Address 1116 SADDLE BROOK RD City MOUNTAINSIDE State NJ Zip 07082					Address 1116 SADDLE BROOK RD								-
						City MOUNTAINSIDE State NJ Zip 07082 Vehicle Action Prior to Crosh Damaged Area Code: (Circle Up to Three								-
		Direction: N	ponding to Emergency? N		e Action Prior to		3		Ü	ea Area	`	4	ee)	
	Vehicle Travel	Event Sequence 1 22 22 22 22 2 2 2 2 2 2 2 2 2 2 2 2								riage				
	Citation # (If I		Most Harmful Event 1 2 9 5 11 Totaled Driver Contributing Code 9 24 24											
		n 1: ChSe												
1	Violatio		Underride/Override Towed N											
	Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex S	26 Seat Safety Pos. Syste	28 Airbag A m Status S	29 Ejec witch Co	O 31 Trap de Code	Injury Tra	ansp. Code Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	1	4 9	9 0	0	10 1		



On September 17th, 2021 at approximately 10:54 hours while working N491 I responded to a MV crash at the intersection of Harvard St @ Newtonville Ave.

On my arrival I located both involved vehicles. Vehicle #1 was a 2019 White Ford F150 PU, Ma. commercial W26209, operated by Nathan Joseph. He stated he was stopped for the red light on Harvard St @ Newtonville Ave. The light turned green he proceeded to go forward when vehicle #2 came around him from his rear and turned right in front of him towards Newtonville Ave causing the crash.

Vehicle #2 was a Grey 2016 JEEP Cherokee NJ plate R86GTJ, operated by a Jake Schneider. He reported going N/B on Harvard St approaching the intersection of Newtonville Ave when he went around vehicle #1 who he thought was parked.

(Continued on next page)

Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:		•								
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	scription of Damaged Property					
Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Carrier Issuing Authority Code										
Address		St	Zip							
US DOT #:		Issuing State ICC #: I								
Cargo Body Type Code 37 Gross Vehicle Weight 38										
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length										
Hazmat Information:										
Placard 40 Material 1 digit #	me	Material 4 digit # Release code 42								

-	Direction 1	∃ Vehicle 1 2	± ≠Vehicle 2	₽Pedestr	ian			
Crash Diagram:	ie: → 🔟	2	□ →	P P				
Crash Narrative:	Ie: → 1			¥	If Crash Did Not On a Public Way: Off-Street Parking Garage Mall/Shopping Composite of the Private Way Indicate North by A	g Lot enter		
As he began to turn right	E/B onto Newtor	nville Ave ve	hicle #1 drove	straigh	t into his vehicle.			
There were no injuries an	d no tows.							
Witnesses:								
Name (Last, First, Middle)		Address			Phone #	Statement		
Property Damage:		•						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property			
				71				
Truck and Bus Information:			~					
				icle Section)		35		
Carrier Name Carrier Issuing Authority Code								
Address			City		St Zip			
US DOT#:	_ State Number		Issuing State	ICC #:	Interstate	36		
37	oss Vehicle Weight	38						
					39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material N	ame		_ Material 4 o	digit# Release code	42		
								
THOMAS J MCCARTHY			NEWTO	ON POLICE DEPARTM	09/17/2	021		

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)