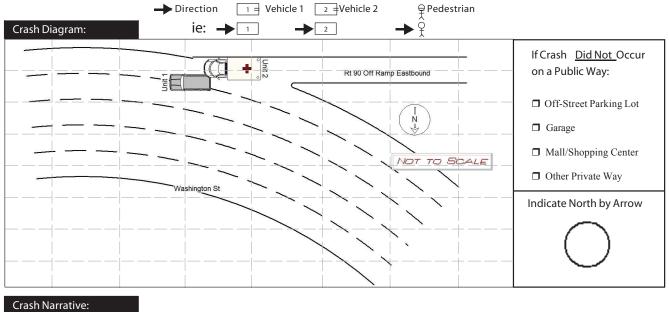
Route# Direction Name of Intersecting Readway/Street Also at Intersecting Readway/Street Also at Intersecting Readway/Street Also at Intersecting Readway/Street Feet N S E W of Route# Intersecting Readway/Street    Feet N S E W of Route# Intersecting Readway/Street		Poli	ce Use Only		Commo	onweal	th o	f Massa	ach	use	etts			RN	IV Do	cumer	nt Number	
AT INTERSECTION:   C   LOCATION   2   0   Languardee   Other:				1	Гown	Motor	Vehi	icle Cra	sh							S	tate Police	□ <b>X</b> ì
FATY 0 CENTRE ST   South Direction   Name of Roadway/Street   Roadway/Street   Advance if   Name of Roadway/Street   Advance if   Name of Roadway/Street   Feet   S E W of   Mile Muster   or   East Number   Feet   S E W of   Mile Muster   or   East Number   Feet   S E W of   Mile Muster   or   East Number   Feet   S E W of   Feet   S		09/17/2021		NEWTON		Poli	ice F	Report									ABTA Police Other:	
			AT INTER	SECTION		< L	OCAT	TION	>			N	OT A	T IN	ERS	ECT	ION:	
Test   Direction   Name of Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   International Roadway/Street   Intersecting Roadway/Street   Internation Roadway/Street   Intersecting Roadway/Street   Intersection Roadway/Street   Intersecting Roadway/Street   Inte								EAST	0			CEN	TRE ST	Γ				-  -
Test   Direction   Name of Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   Fee   N   E   W   of   Roats   Intersecting Roadway/Street   International Roadway/Street   Intersecting Roadway/Street   Internation Roadway/Street   Intersecting Roadway/Street   Intersection Roadway/Street   Intersecting Roadway/Street   Inte	1 <b>4</b>	Route# Direct	tion	Name	of Roadway/Street		F	Route# Direction	on A	ddres	s #	_		Name of	Roadv	vay/Str	eet	- H
Rouse  Direction	4	At						Feet N	NISE	lw .	of _			•	or			_ L
Rouse   Direction   Name of Intersection Readway/Singer   Fee   S   E   W   of   Routes   Intersecting Readway/Singer   Fee   S   E   W   of   Routes   Intersecting Readway/Singer   Regular   Re		Route# Direc	tion N	Jame of Intersec	ting Roadway/Street		— <u> </u> -	1 cct	1912	Т.,	<i>J</i> 1 –	Mi	le Mark	er	01	E	Exit Number	_
Rouse  Direction   Nume of Intersecting Rendowsy/Street   Landmark   Landmark							-	Feet	N S E	W	of	Por		Interc	acting I	2 ondw	ov/Street	- L
License #	<sup>2</sup> <b>3</b>						-  -	Feet N	N S E	W	of	Kot	ιισπ	mers	cting r	Coauwa	iy/Sirect	
1		Route# Direct	tion	Name of Inter	secting Roadway/Str	eet								I	andmai	rk		
Sec. F. Lie. Class   D   8   18   18   16   18   16   16   19   19   10   10   10   10   10   10	3 <b>1</b>	XVehicle1	#Occupants	Hit/Ru	n Moped	Case N	umber		2	210000	00722							
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Operator CARVALIND OA SILM MAXILANDIA ARAL   Findament   Owner   (Same as operator)   Owner   Care   Owner   Owner   Care   Owner   Care   Owner   Owner   Care   Owner   Owner   Care   Owner			18 18	8	19												20	-
Address \$88 MAIN ST (ap.1)  City WATERTOWN  State MA Zip 02472  City Part Makes  Please fill out for operator and all occupants involved  Address MAIN ST Address	4				Endo	rsment										Config	g. 2	-
City WATERTOWN   State MA   Zip   02472   City   State   Zip   Damaged Area Code: (Circle Up to Three)	2	Operator 488 M	Last  [AIN ST (apt. 1)	First	Mid	idle									M	iddle		- L
Insurance Company COMMERVE INSURANCE  Vehicle Travel Direction: NS NW Responding to Emergency? Notation # (If Issued)  Vehicle Travel Direction: NS NW Responding to Emergency? Notation # (If Issued)  Violation # (If Issued)  Violation 1: Ch Sec Violation 2: Ch Sec Underride Override  Please fill out for operator and all occupants involved Name (tast frist Modifie)  Operator See Above  Please fill out for operator and all occupants involved Name (tast frist Modifie)  Operator See Above  Please fill out for operator and all occupants involved Name (tast frist Modifie)  Non-Motorist A Type  Address See Violation 1: Ch Sec Violation 2: Ch Sec Name (tast frist Modifie)  Operator See Above  Please fill out for operator and all occupants involved Name (tast frist Modifie)  Non-Motorist A Type  Address See Violation 2: Ch Sec Name (tast frist Modifie)  Operator See Above  Operator					MA 7: 02/	172										7.		-
Vehicle Travel Direction: NSXW Responding to Emergency? N Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See Underride: 1 23  Violation 3: Ch See Violation 4: Ch See Underride: 1 23  Please fill out for operator and all occupants involved Address  Age:DOB See No. Spann blass submits Eds Lock Sean Code Medical Facility  Operator See Above  Please Selectione of the Following:  License # Sex M Lic Class D 18 18 Lic Restrictions 1 19 CDL.  City PAWTUCKET State R1 Zip 02861  Insurance Company OLD REPUBLIC INSURANCE COMFANY  Vehicle Tavel Direction: NS XW Responding to Emergency? No. See Above  Please fill out for operator and all occupants involved Address 4 Age:DOB Sea No. Sea		1					-									_ ^		_
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Citation # (if Issued)   Driver Contributing Code   9 24					esponding to Emerge	ency?			2.3							$\bigcap$		riage
Violation 3: Ch					• 61			L	1		24	24	1	•   J	9	5		
Please fill out for operator and all occupants involved Address AgeDOB Sec	6,	1						٦		9 =1			8		7			
Operator  See Above  Operator  See Above  Operator  See Above  Operator  Operator  See Above  Operator  Operator  Operator  See Above  Operator  Operator  Operator  See Above  Operator  Opera	1																	
Please Select One of the Following:    Non-Motorist A Type				ator and an oc		dress		Age/DOB	Sex	Seat Pos.	Safety A System	Airbag A Status	Airbag E Switch C	ject Trap ode Cod	Injury Status	Transp Code		ity
of the Following:    Vehicle 2 3 #Occupants		Operator			See A	bove					1	4	4 0	0	10	1		
of the Following:    Vehicle 2 3 #Occupants																		
of the Following:    Vehicle 2 3 #Occupants																		
of the Following:    Vehicle 2 3 #Occupants																		
License # — St RI DOB/Age — Reg # 46 Reg Type AMR Reg State MA  Sex M Lic, Class D 18 18 Lic, Restrictions 1 19 CDL  Last First Middle  Address 434 LIVERPOOL AVE  City PAWTUCKET State RI Zip 02861 City WEYMOUTH State MA Zip 02188  Insurance Company OLD REPUBLIC INSURANCE COMPANY  Vehicle Travel Direction: N N X X W Responding to Emergency? N  Citation # (If Issued) Most Harmful Event 1 23  Veh Year 2011 Veh Make FORD Veh Config. 2  Owner BREWSTER AMBUL!  Last First Middle  Address 25 MAIN ST  City WEYMOUTH State MA Zip 02188  Vehicle Action Prior to Crash 1 21  Damaged Area Code: (Circle Up to Three)  Vehicle Travel Direction: N X X W Responding to Emergency? N  Citation # (If Issued) Most Harmful Event 1 23  Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override	<sup>7</sup> <b>6</b>			2 <u>3</u> #Occup	ants Non-Mote	orist A Type	14		5 Loc	cation	1	6 Co	ondition	1'		Hit/R	un Mop	ed
Querator BRANCO JOSEPH MAIA  Operator BRANCO JOSEPH MAIA  Address 434 LIVERPOOL AVE  City PAWTUCKET State RI Zip 02861  Insurance Company OLD REPUBLIC INSURANCE COMPANY  Vehicle Travel Direction: N S X W  Citation # (If Issued)  Violation 1: Ch See Violation 2: Ch See  Violation 3: Ch See Violation 4: Ch See  Violation 3: Ch See Violation 4: Ch See  Operator/Non-Motorist  See Above  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Age/DOB  Age/			ng.		RI		1	16						MP			MA	-
Operator BRANCO JOSEPH MAIA  Address 434 LIVERPOOL AVE  City PAWTUCKET  State RI Zip 02861  Insurance Company OLD REPUBLIC INSURANCE COMPANY  Vehicle Travel Direction: NS W Responding to Emergency? Notation 4: Ch Sec Violation 2: Ch Sec Underride/Override  Violation 1: Ch Sec Violation 4: Ch Sec Underride/Override  Please fill out for operator and all occupants involved Name (Last First Middle)  Address 25 MAIN ST  City WEYMOUTH  State MA Zip 02188  Last First Middle  Address 25 MAIN ST  Damaged Area Code: (Circle Up to Three)  Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2			18 18 18	8	19										20	-		
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City PAWTUCKET  State RI  Zip 02861  City WEYMOUTH  State MA  Zip 02188  Insurance Company OLD REPUBLIC INSURANCE COMPANY  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Citation # (If Issued)  Violation 1: Ch  Sec  Violation 2: Ch  Sec  Violation 2: Ch  Sec  Violation 4: Ch  Sec  Violation 4: Ch  Sec  Violation 5: Ch  Sec  Violation 6: Sec  Violation 7: Ch  Sec  Violation 7: Ch  Sec  Violation 8: Ch  Sec  Violation 9: Crash  Table  Damaged Area Code: (Circle Up to Three)  Event Sequence  Table  10 Undercarriage  5: 11 Totaled  Driver Contributing Code  Please fill out for operator and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Operator/Non-Motorist  Sec Above   F 97 1 4 4 0 0 10 1  ENOS, KYLE  PLYMOUTH, MA 02360  BUKIN ANN MAPIE  21 SUMNER ST (apt 3)	8 <b>4</b>		Last	First		ddle	Last First Middle								-			
Insurance Company OLD REPUBLIC INSURANCE COMPANY  Vehicle Travel Direction: NSXW Responding to Emergency? N  Citation # (If Issued)					DI										МА		00100	-
Vehicle Travel Direction: NSXW Responding to Emergency? N Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2	Insurance Company OLD REPUBLIC INSURANCE COMPANY				361									-				
Vehicle Travel Direction: N S N W Responding to Emergency? N Event Sequence 1											1					:. (Circ	tie op to Thro	ee)
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Name (Last First Middle)							Underri	ide/Override	Z.	1			20	20   2	1 22			
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ENOS, KYLE PLYMOUTH, MA 02360 F 97 1 4 4 0 0 10 1 1  BLIKIN ANN MARIE  21 SUMNER ST (apt 3)		Operator/	Non-Motorist								1	4	4 0	0	10	1		
PLIKIN ANN MARIE 21 SUMNER ST (apt 3)		ENOS, KYLE		<u> </u>					F	97	1	4	4 0	0	10	1		
TAUNTON, MA 02/80		BUKIN, ANN	MARIE	2	1 SUMNER ST (apt	3)			F	97	99	4	4 (	0	10	1		
					AUNTON, MA 02/	συ								+	+			-



Both MV1 and MV2 were traveling eastbound Exiting Mass Pike Rt 90. MV1 proceeded into the lane of traffic on
Washington St. MV2 Proceeded on the inside lane of MV1 in the exit ramp travel lane. MV1 then veered back
into the exit ramp travel lane. MV2 struck the back right bumper of MV1 and MV1 caused damage to MV2's front
driver side wheel well. MV2 was transporting a patient in the ambulance. All parties did not have any
injuries due to the motor vehicle accident. MV2 transferred the patient into a new ambulance and parked MV2
in the parking lot of Newton Corner for their tow company to inspect.

witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
Property Damage:			

## Owner (Last, First, Middle) 34-Type Address Phone # Description of Damaged Property

Truck and Bus Information:		35			
Carrier Name	_ Carrier Issuing Authority Code				
Address		City		St	Zip
US DOT#:S	tate Number	Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code Gross	Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

KATELYN MARY POHLMAN		NEWTON POLICE DEPARTM	09/17/2021			
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	