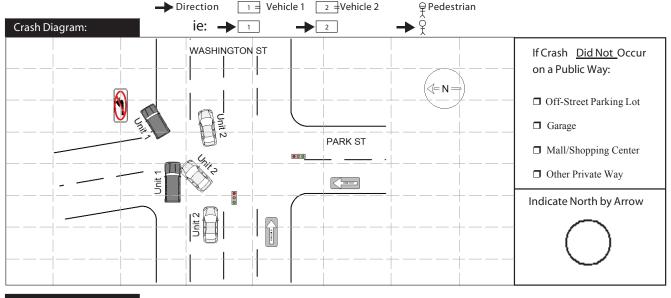
	Poli	ice Use Only		Commo	nwealt	th o	f Massa	ach	use	etts			R	MV Do	cume	nt Number	
	Date of Crash 09/20/2021	Time of Crash	City/T NEWTON	own N	Iotor \	Vehi	icle Cra	sh		mber hicles	Num		peed L atitude		S	State Police Local Police MBTA Police	N X
	09/20/2021	24HR	NEWTON		Poli	ce F	Report		2		3		ongitu			Other:	
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION							TON:			
	EAST	Г WASHI	INGTON ST														P
1 1	Route# Direct			f Roadway/Street		R	Route# Direction	on A	ddres	s #			Name o	f Road	way/Stı	reet	- :
	At PARK ST						Feet NSEW of or										
	Route# Direc		Feet N S E W of or Exit Number										_				
			Feet NSEW of Route# Intersecting Roadway/Street										-				
² 1				Feet N S E W of											-		
	Route# Direction Name of Intersecting Roadway/Street						Landmark										
3	XVehicle1	_1_#Occupants	Hit/Rur	Moped	Case Nu	Number 2100000731											
	License#		St N	IA DOB/Age		Reg # 5	SAVE80				Reg	Type I	PAN	1	Pag Sta	to MA	
	Sex_F Lic. 0	18 19		19		Reg # 5AVE80 Reg Type PAN Reg State MA Veh Vear 2015 Veh Make TOYOTA Veh Config 2											-
4		PES Last	_	Endors	sment	ven realven realven comig.											_
3	Address 48 H	ARVARD ST	First	Midd	le	Owner (Same as operator) Last First Middle											- L
	City NEWTO		9	tate_MA Zip_0246		Address City State Zip											-
	Insurance Com			zipzip		Valida Antina Prim to Carela 21 Damaged Area Code: (Circle Up to Three)											_
5		Direction: N		Vehicle Action Prior to Crash Levent Sequence 1 22 22 22 22 23 4 Event Sequence													
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⁶ 1	1			n 4: Ch Sec			Contributing Co		1 1			8		7			
1						Underri	ide/Override	I		Towed		29	30	31 32	2 33	I	\dashv
	Please fill out for operator and all occupants involved Name (Last First Middle) Operator See Above						Age/DOB Sex Pos. System Status Switch Code Code Status Code Me							Medical Facil	ity		
										1	3	99 (0	8	2		
⁷ 3	Please Select C of the Followin		2 <u>2</u> #Occupa	nts Non-Moto	rist A Type	14	4 Action 1	15 Lo	cation	1	Co	ndition	1	7	Hit/R	un Mop	oed
	License#		St N	IA DOB/Age		Reg#8	3NWJ30	Reg Type PAN]	Reg State_MA			
	Sex_M Lic. 0	Class D 18 18	8 Lic. Restriction	ons 9 CDL		Veh Year 2016 Veh Make CHEV							Veh Config. 20				
8	Operator FARAJI MICHAEL					Owner (Same as operator)											_
4	Address 25 LEONARD ST City MILFORD State MA Zip 01757 Insurance Company STANDARD FIRE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued)						Last First Middle Address										
							City State Zip										
							Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										
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	GREGOIRE, B	OKILIANY						F	3	1	4	99 (0	8	2		



Crash Narrative:

On September 20th, 2021 at approximately 12:22 hours while working N491 I responded with Fallon Ambulance and

NFD to a report of a MV crash on Washington St @ Park St with injuries.

On my arrival I located both involved vehicles on Washington St near Park St.

Vehicle #1 was a 2015 Grey Toyota RAV4, MA REG. 5AVE80, operated by a Marineide Lopes. She stated she was going E/B on Washington St @ Park St in the far left lane when vehicle #2 who was on her right, next lane over attempted to turn left in front of her causing the crash. The impact forced her vehicle to the left onto an island causing further damage to her vehicle.

Vehicle #2 was a 2016 White Chev.Cruz MA REG. 8NWJ30, operated by a Michael Faraji. HE stated he was going

E/B on Washington St when his GPS indicated to make a left turn (north)towards the Centre St Bridge. He

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address			Phone	Phone #				
WILDSTEIN, MEGHAN,	,								
Property Damage:									
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	escription of Damaged Property				
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameCarrier Issuing Authority Code									
Address			_ City St Zip						
			Issuing State ICC #: Interstate 36						
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	me		Release code	42					

•	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	Ę	Pedestr	ian			
Crash Diagram:	ie: →[1	→	2	→ 9)				
								If Crash <u>Did Not</u> on a Public Way:	Occur	
				_	<u> </u>			☐ Off-Street Parkin	g Lot	
								☐ Garage		
	— — — — — ·	_ _		- +	<u>+</u>			☐ Mall/Shopping C	antar	
		_ _			<u> </u>			_		
				_	 			Other Private Wa		
								Indicate North by A	Arrow	
				_	+					
				_	+			$+$ \bigcirc		
Crash Narrative:										
then attempted to make								_	or only	
N/B traffic coming from I										
Both vehicles were towed										
Both driver and passenger	from vehicle	#2	were al	so transporte	ed by a	nother	Fallon	Ambulance to Newto	on	
Wellesley.										
Witnesses:									1-	
Name (Last, First, Middle)			Address					Phone #	Statement	
Property Damage:										
Owner (Last, First, Middle)			Phone #	3	84-Type	Description of Damaged Property				
Truck and Bus Information:	D : (' ' '			(F.	77.1:1	g .:)				
Carrier Name			(From Vehicle Section) Carrier Issuing Authority Code							
Address										
US DOT #:									36	
37	ross Vehicle Weight		38	8						
J. S.			Dag State	Pag V		Ter	ailar I anath	39		
Trailer Reg #: Hazmat Information:	Keg Type		_ reg state	Keg Y	cai	113	mei Length			
Placard 40 Material 1 digi	it # 41 Materia	ıl Nan	ne		N	faterial 4	digit#	Release code	42	
THOMAS I MCCAPTUM								00/20/	0021	
THOMAS J MCCARTHY					NEWTON PO	DLICE DEPART?		09/20/2	2021	

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)