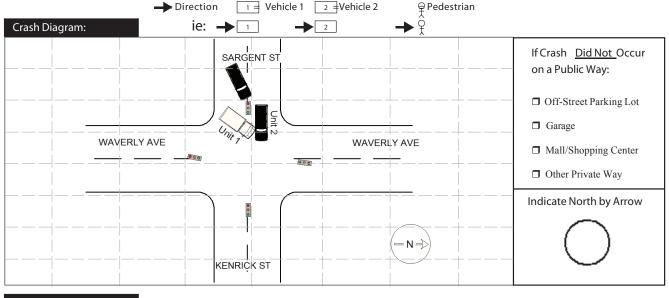
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts	\$		RM	V Docui	ment Number	
	Date of Crash 10/14/2021	Time of Crash 12:59 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		ed Lat	ed Limitude _		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:		LOCA		>						CTION:	\dashv
	EAST	Γ SARGE	NT ST											2
1 1	Route# Direc			Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of • or								
						Mile Marker Exit Number								
						Feet N S E W of Route# Intersecting Roadway/Street								- -
2 1	Route# Direc	tion	Feet NSEW of									3		
3			Landmark									\dashv		
	Vehicle1	1_#Occupants			Number		21	.00000826	j					_
	License#									Type_CC	N	Reg	State MA	_
		Sex_M Lic. Class D 18 18 Lic. Restrictions T 19 CDL Endorsment				Veh Year 2021 Veh Make UNKNOWN Veh Config. 6								
⁴ 3	Operator CUI	NNINGHAM Last	LIAM First	Middle		US POST OF			First			Middle	e	- 1
		VASHINGTON				SS 897 WASHIN	иGTON	ST				MA	00453	-
	City NEWTO			te_MAZip_02460		NEWTON			71				Zip 02460	- raa)
5	1		GOVERNMENT	NT	Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									ree)
1		Direction:	S E W Resp	onding to Emergency? N	Event Sequence 1 22 22 10 Undercarriage								riage	
	Citation # (If I	·	Violetion	2: ChSec		Harmful Event	1	24	24	—	9		5 11 Totaled	
⁶ 1	1				Driver Contributing Code 99 25 7 6 Underride/Override 25 Towed N									
_	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								
	Name (Last First Middle) Address Operator See Above			Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fac						lity 1				
	- F							33	1	,,		10 1		
											+			
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7											<u></u>			
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> # Occupant	Non-Motorist A Typ	pe 1	Action 1	Loca	ntion	Con	ndition	17	□н	it/Run Mo	ped
	License#St CA DOB/Age				Reg # 8XDZ707 Reg Type PAN Reg State Ca						State CA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2021 Veh Make MAZDA Veh Config. 6								
8 1	Operator RAMIREZ EDWARD Endorsment				Owner (Same as operator) Last First Middle								_	
1	Address 3564 YORKSHIRE RD First Middle					Address								_
	City PASEDENA State CA Zip 91107					City State Zip								_
	Insurance Company MERCURY					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ree)
	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 22 22 22 22 4								
	Citation # (If I	ssued)								10 Undercar 5 11 Totaled	тіаде			
	Violatio	Driver Contributing Code 99 24 24 8 7 6												
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	Operator/	Non-Motorist		See Above			-	1	99 9	9 0	0	10 1	NONE	



Crash Narrative:

On October 14th, 2021 at approximately 12:59 hours while working N491 I responded to the intersection of Sargent St @ Waverley Ave for a report of a MV crash.

On my arrival I located both involved vehicle parked on the other side of the intersection on Kenrick St.

Vehicle #1 was a United States Postal Truck operated by a Liam Cunningham. He stated he was stopped on

Sargent St/ E/B @ Waverly Ave for the traffic light/pedestrian walk light. He further stated there were two

women walking across the street from the northeast side to the southwest side. His light turned green but

waited until the women made it to the right of his truck. Operator#1 then began to make a left turn onto

Waverely Ave when vehicle #2 who was behind his vehicle drove around him at the same time he began his turn

causing the crash.

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)	Addre	ess			Phone #	Statement			
Property Damage:									
Owner (Last, First, Middle)	Address	F	Phone #	34-Type	Descripti	ion of Dama	ged Property		
Truck and Bus Information:	Registration #		(From Vehic	le Section)				35	
Truck and Bus Information: Carrier Name			(From Vehic	le Section)		Carrier Issu	uing Authority Co		
								de	
Carrier Name		Cit	y			St	Zip	de	
Carrier NameAddressUS DOT #:		Cit	y			St	Zip	ode	
Carrier NameAddressUS DOT #:	State Number	Cit	Sy	ICC#:_		St	Zip	ode	
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gro	State Number	Cit	Sy	ICC#:_		St	Zip	ode	
Carrier Name	State Number	Cit I	Issuing State	ICC #:_ Tr	ailer Lengt	St	ZipInterstate	ode	

_	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	an	
Crash Diagram:	ie: → 1	→	2	Ŷ		
					If Crash <u>Did Not C</u> on a Public Way:	Occur
		<u> </u>			Off-Street Parking	g Lot
					☐ Garage	
					☐ Mall/Shopping Co	enter
					Other Private Way	
		 		+		
				į	Indicate North by A	irow
				+		
Crash Narrative:						
Vehicle #2 was a 2021 Blace	k Mazda C X ut	ility, CA. ta	ag, 8XDZ707, op	erated by	a Edward Ramirez. He sta	ted he
was stopped behind vehicl	e #1/ UPS truc	k while the l	light was red.	He then	stated the light turned g	reen but
the UPS truck with its fla	shers on wasn'	t moving. Ope	erator then ass	umed the	UPS truck was stopped mak	ing a
delivery and began to go a	round him. As	he got to the	intersection	the UPS t	ruck suddenly began to go	forward
attempting to make a left	turn causing h	is vehicle to	get struck by	the truc	k as he	
9vehicle #2) was attempting	g to go straig	ht across the	intersection	to Kenric	ek St.	
Postal truck are governmen	t owned vehicle	e thus have r	no plates attat	ched and	carry no registations/ ins	surance.
Witnesses:		1				1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Pagistration #		(From Vehi	ala Saation)		
Carrier Name	Registration #		(FIOIII VEIII		Carrier Issuing Authority Cod	35 le
Address			City		St Zip	
US DOT #:						36
37	ss Vehicle Weight	38	_ 0			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ſame		Material 4 di	igit# Release code	42
THOMASIMCCARTHY				N POLICE DEPARTA	10/14/20	021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)