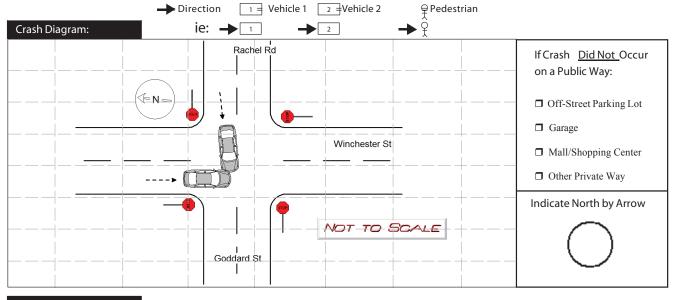
	Poli	ice Use Only		Commonwea	alth (of Massa	achi	ıset	ts		RM	V Docu	ment Num	ber	
	Date of Crash 10/14/2021	Time of Crash 13:03	City/T NEWTON	own Motor	Veh	icle Cra	sh	Numl Vehic			Speed Lim Latitude		State Pol Local Po	lice Dolice No	
	10/14/2021	24HR				Report		2	0		ongitude		Other:	olice 🔲	
		AT INTER	RSECTION:	<	LOCA	ΓΙΟΝ	>		N	OT A	T INT	ERSE	CTION:		2
	WEST	т RACHI	EL RD												
1 1	Route# Direct	tion	Name o	f Roadway/Street		Route# Direction	on Ac	ldress #	ŧ		Name of	Roadway	//Street		2 10
	SOUTH WINCHESTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or									_
						Mile Marker Exit Number								nber	
						Feet N S E W of Route# Intersecting Roadway/Street								t	- 11
2 1						Feet N S E W of									3 11
3		Landmark													
	X Vehicle 1	2_#Occupants	Hit/Rur	Moped Case	Number		2:	1000008	827						
	License#		St X		Reg#	2NPP68			Re	g Type_	PAN	Reg	State MA		
	Sex_F Lic. Class 918 18 Lic. Restrictions 9 19 CDL					ear_2018	Ve	h Make	NISSA	N		_Veh C	onfig. 2	20	
⁴ 2	Operator HA	MMERER	ANDREA	Endorsment		HAMMERER		JOS	EF Fir	st		Middl	e		1 12
	Address 14 W	INCHESTER PL	AZA		Addres	SS 14 WINCHE	STER P	LAZA	- **						
	City_NEWTO	N	S	tate MA Zip 02461	City_N	NEWTON					State	MA	Zip <u>02461</u>		
	Insurance Company TRAVELERS PROPERTY CASUALTY					e Action Prior to	Crash	1	21	Dam	aged Area	Code: (Circle Up t	o Three)	
5	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency? N	Event Sequence 1 22 22 22 2 3 4										
	Citation # (If Issued)					Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled								~	
(Violation	1: ChSec	c Violatio	n 2: ChSec	Driver Contributing Code 1 24 24										
⁶ 1	Violation	3: ChSec	c Violatio	n 4: ChSec	Underride/Override 25 Towed Y 6 6										
	Please 1		ator and all occ	upants involved Address	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							l Facility	13 1		
	Operator	·		See Above				99	9 4	1 1	0 0	10	1		
	HAMMERER, MAGDALENA 14 WINCHESTER PLAZA NEWTON, MA 02461					F	6 4	4	99	0 0	10	1			
7	Dloore Solort C)no			1	<u> </u> 4	15		16		17				
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	nts Non-Motorist A Ty	ре	Action		ation	10	Conditio	1	П	it/Run	Moped	
	License#		St N	IA DOB/Age	Reg # 1BZP14 Reg Type PAN Reg St						State_MA	ate MA			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 9 CDL											20			
⁸ 1	Endarament				Owner GENSER MAURICE										
1	Address 195 C	DLD FARM RD	First	Middle	Address 185 OLD FARM RD										
						City NEWTON State MA Zip 02459-3837								3837	
						e Action Prior to	Crash	1	21	Dam	aged Area	Code: (Circle Up t	o Three)	
						Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 2									
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						Underride/Override 25 Towed Y 8 7 6									
			operator and a	ll occupants involved		4/DOD	C	26 Seat Saf	27 28 fety Airbag	29 Airbag	30 31 Eject Trap		33 ransp.	al Facilit	
	Name (Last Fi	Non-Motorist		See Above		Age/DOB	Sex	Pos. Sy	Statu 9 4		Code Code 0 0	Status 10		al Facility	



Crash Narrative:

Mv#1 operator stated she came to a stop (four-way stop signs) on Winchester St S/B. #1 stated she looked to her left, a Mv was already stopped on Rachel Rd W/B. #1 stated she yielded to that Mv, that Mv then proceeded through the intersection. #1 stated she then proceeded next, attempting to continue straight ahead. #1 stated at that time, Mv#2 suddenly emerged from Rachel Rd W/B into the intersection directly behind the first Mv. #1 stated this was when her Mv was struck on her driver's side front end by #2. #1 sustained significant front end damage, rendered inoperable and was towed by Tody's.

#2 operator stated she came to a stop at the end of Rachel Rd W/B. #2 stated at that time, she thought she had the right of way and attempted to proceed straight ahead through the intersection onto Goddard St. This was when the collision occurred with #1. #2 sustained significant passenger side front end damage, rendered

(Continued on next page)

(Continued of	n next page)										
Witnesses:											
Name (Last, First, Middle)		Address		Phone :	Phone #						
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	cription of Damaged Property					
Truck and Bus Information:											
Carrier Name					Carrier Issu	uing Authority Cod	e 35				
Address		City	St	Zip							
US DOT #:		Issuing State		Interstate	36						
Cargo Body Type Code Gross Vehicle Weight 38											
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length						
Hazmat Information:											
Placard 40 Material 1 digit #	ne		Material 4	digit #	_ Release code	42					

-	Direction 1	☐ Vehicle 1 ☐ 2	≥ ≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: → 🗆	→ [2	□ →	₽		
					If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
Crash Narrative:						
inoperable and was towed	by Tody C					
		X · ·				
Operator of MV#1 had a va	lid German Lice	nse. No injur	eles.			
Witnesses:						
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 #		(Fram Val	icle Section)		
Carrier Name			(FIOIII VEI	Carrier Issuing Authority Coc	35 te	
Carrier Name						ic
Address			City		St Zip	
US DOT #:	_State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					_	42
Placard 40 Material 1 digit	# Material N	Name		_ Material 4 o	digit# Release code	42
ADAM D GABRIEL		25117	7 NEWT	ON POLICE DEPARTM	10/14/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)