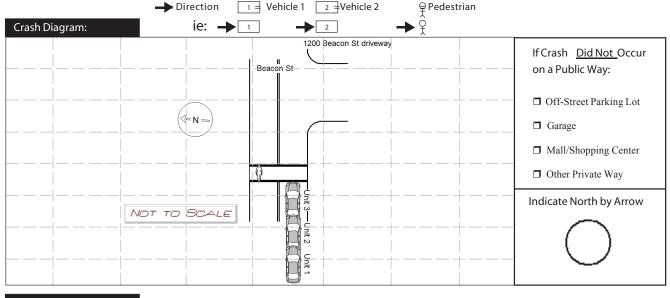
	Poli	ce Use Only		Commo	nwealth	of Mas	sach	uset	ts					ıt Number	
	Date of Crash 10/15/2021	Time of Crash 08:32	City/I NEWTON	'own M	lotor V	ehicle C	rash	Num			Speed Li Latitude		S	tate Police ocal Police IBTA Police	N X
L	10/13/2021	24HR				Report	Ţ	3	0		Longitud			ther:	; <b>ப</b>
ļ		AT INTER	RSECTION:	<	< LOC	CATION	>		N	OT A	AT IN	ΓERS	ECT	ION:	
1						EAS	т 12	200	BEA	CON	ST				
1	Route# Direct	ion	Name	of Roadway/Street		Route# Dire	ection A	.ddress #	#		Name o	f Roadv	vay/Str	eet	_
┨					Feet NSEW of or										
ŀ	Route# Direct	tion 1	Name of Intersect		Mile Marker Exit Number									_	
ľ			Also at Int	ersection with		Fee	N S E	W of	Ro	ute#	Inters	secting F	Roadwa	ıy/Street	_
7						Fee	N S F	W of				J		•	
⋠.	Route# Direct	ion	Name of Inters	secting Roadway/Stree	:t						]	Landmai	·k		
	XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Num	ber	2	2100000	831						
_	License#		St N	MA DOB/Age	Re	g # 7HY911			Re	g Tyne	PAN	R	leg Stat	te MA	
	Sex_F_ Lic. C	Tlass D 18 1		19		h Year_2017								20	
	Operator ZHE		WEI	Endorsi	ment	ner (Same as o								,	
_	Address 60 FIS	HER AVE	First	Middle		dress			Fir			Mi	iddle		_
- 1				State_MA_Zip_0246		y						ate	Zin		
- 1		oany PROGRES				hicle Action Price			21					ele Up to Thr	_
$\neg$				sponding to Emergen		ent Sequence	22 2	22 22		0_		3	4		
		sued)		spending to Emergen		ost Harmful Ever		3			$\wedge$	$\bot \land$		10 Undercar	riage
				on 2: ChSec		iver Contributing		20 24	19 24	0	<del>-</del>	9	5	11 Totaled	
				on 4: Ch Sec		derride/Override		_	owed N	0		7	6		
╁		ill out for oper		actifice, 5 verifice		26 Seat Sa		29 Airbag Switch	30 Eject Traj	31 32 Injury	33 Transp.				
-	Name (Last Firs	t Middle)		Addre See Abo		Age/DOB		Pos. \$y:			Code Cod	le Status	Code	Medical Facil	lity
ŀ	Орегию							9	9 4	99	0 0	10	1		
ŀ															
	Please Select O of the Followir		e2 <u>1</u> #Occupa	nts Non-Motor	rist A Type	14 Action	15 Lo	cation	16	Conditio	n 1	7	Hit/Ru	un Mor	ped
-	License# St MA DOB/Age					Reg # 7TF325 Reg Type PAN Reg State						te MA	_		
-	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL					Veh Year 2016 Veh Make NISSAN Veh Config. 1									
٦	Operator GARDNER TIMOTHY  Last First Middle					Owner (Same as operator)  Last First Middle								_	
┨	Address 16 GR	EAT LAKE DE		Address								_			
-	City SUDBUR	Y	<u>'6</u> Cit	City State Zip								_			
	Insurance Comp	oany_NGM	Ve	Vehicle Action Prior to Crash  2 21  Damaged Area Code: (Circle Up to Three)								ree)			
-	Vehicle Travel Direction:					_ Event Sequence 1 22 22 22 22 3 4									
-	Citation # (If Issued)  Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriag							riage		
						Driver Contributing Code 1 24 24									
	Violation	3: ChS	Sec Violat	ion 4: ChSec_	Ur	Underride/Override 25 Towed Y 8 7 6									
ľ			r operator and a	ill occupants involve		, , ,		26 Seat Sa	27 28 fety Airbag	29 Airbag	30 3 Eject Traj	31 32 Injury	33 Transp.	Maria	.112
- 1	Name (Last Fir Operator/I	st Middle) Non-Motorist		Addr See Abo		Age/DOI	3 Sex	Pos. S	ystem Statu 9 4	s Switch 99	0 0	de Statu	S Code	Medical Fac	ility
T											- 1				

Poli Date of Crash	Ce Use Only Time of Crash		Commonwea Motor		i Massa cle Cra		Number	Number		RMV d Limi		State Pol	
10/15/2021	08:32	NEWTON	MIOTOI		cie Cra Report	SII	/ehicles	Injured 0	Latit	ude gitude_		State Pol- Local Pol- MBTA Pother:	lice X olice
	AT INTEL	RSECTION:		LOCAT		>	3	_				CTION:	
Route# Direct	tion	Name of Ro	padway/Street	R	oute# Direction	n Addı	ress #		Naı	ne of R	loadway/	Street	
		At		Faat N	N S E V	7] of		•		0.00			
Route# Direc	etion	Name of Intersecting R	Roadway/Street	<u> </u>	reet [r		01 -	Mile N	arker		or	Exit Num	ber
l Biode		Also at Intersect			Feet N	SEV	of	Route#		ntersec	ting Rose	dway/Street	
 				-	Feet N	SEV	of	Routen	1	increec	ung reou	away, Bireet	
Route# Direct	iion	Name of Intersectin	g Roadway/Street							Lar	ndmark		
XVehicle3	1_#Occupants	Hit/Run	Moped Case N	Number		210	0000831						
License#		St MA	DOB/Age	Reg#4	3GN05			Reg Ty	oe PAN	J.	Reg	State MA	
Sex_M Lic. 0	Class D 18 1	Lic. Restrictions	9 19 CDL	Veh Yea	ar 2020	Veh I	Make_SU	BARU			Veh Co	nfig. 1	20
Operator BAX	CTER	ETHAN	Endorsment	Owner _	(Same as oper	ator)		First			Middle		
Address 9 GR1		LILST	witagie		Last						wiiddie		
City ACTON		State	MA Zip 01720	City						_State	2	Zip	
Insurance Com	pany_CITIZENS	<u>S</u>		Vehicle	Action Prior to	Crash	2	I D	amage	d Area	Code: (0	Circle Up to	Three)
Vehicle Travel	Direction: N	S X W Respond	ding to Emergency?_N	Event S	equence 1 2		22	22 2		3		<b>(4)</b>	
Citation # (If Is	ssued)			Most Ha	armful Event	1 23		1	<b>←</b>	9		10 Undo 11 Tota	ercarriage led
Violation	1: ChSe	c Violation 2:	ChSec	Driver (	Contributing Co		24	24 8		4		0	
	3: ChSe	Underri	de/Override	25	Towed	1 N							
Please f		rator and all occupar	nts involved Address		Age/DOB	Sex Pos	27 t Safety System	28 29 Airbag Airba Status Swite	g Eject h Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ide Medical	Facility
Operator			See Above				- 99	4 99	0	0	10 1		
Please Select C	Vehicle	e#Occupants	Non-Motorist A Type	e 14	Action 1	5 Locati	on	16 Condi	tion	17	Hi	t/Run	Moped
of the Followir	ng:	c w occupants	Non motoristic Type	Reg#Reg Type									
License#	18	St	DOB/Age						Reg TypeReg State				
Sex Lic. (		Lic. Restrictions	CDL Endorsment		ar		/lake				Veh Co	nfig.	
Operator	Last	First	Middle		Last			First			Middle		
Address										-··			
CityStateZip					71 D 14 C 1 (C 1 II ( Tl )								Three)
Insurance Com			Action Prior to	Crash	22	22 2		3		4	. 111100)		
Vehicle Travel Direction: NSEW Responding to Emergency?  Citation # (If Issued)					equence	23				$\prod$			ercarriage
`	/	Sec Violation 2	2: Ch Sec		flost Harmful Event 24 1 5 11 Totals briver Contributing Code 24 24 1						led		
			: Ch Sec		de/Override	25	Towed	8		7	كالما	6	
		r operator and all oc		Onderri	ac, c verride	2 Sea		28 29 Airbag Airba	30 Fiert	31 Trap	32 Injury Tra	33 insp.	
Name (Last Fin	rst Middle) Non-Motorist	<u> </u>	Address See Above		Age/DOB	Sex Po	s. System	Status Swi	ch Code	e Code		ode Medica	al Facility
Орегают	. voii-ivioiolist						-			+			
											1 1		



## Crash Narrative:

Mv#1 operator stated she was travelling on Beacon St E/B in the area of #1200 when she stated she briefly looked down to touch a button on her front dash. At that time, #1 rear ended Mv#2 which in turn rear ended Mv#3. #1 operator signed a patient refusal. #1 sustained significant front end damaage and was able to be driven from the scene.

#2 operator was slowing to a stop behind #3 when he was rear ended and pushed forward between both Mv's. #2 operator appeared to be significantly shaken up from impact and was transported by medics with unknown or any injuries. #2 sustained heavy rear end and front end damage, towed by Tody's.

#3 operator stated he came to a stop on Beacon St E/B to allow a pedestrian to cross in a marked crosswalk when he was rear ended by #2. #3 operator signed a patient refusal. #3 sustained significant rear end damage

Witnesses: Name (Last, First, Middle) Address

(Continued on next page)

Phone # Statement 1147 BEACON ST KIRTLEY, JOANNA, NEWTON,MA 02461

## Property Damage:

11.5.7.5.5.3.5				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
		1		

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		25
Carrier Name				Carrier Issu	ing Authority Code
Address		City		St	
US DOT#:	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code 37 Gros	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Len		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #_		Release code 42

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	an	
Crash Diagram:	ie: →[	1	2	<b>₽</b> ♀		
					If Crash <u>Did Not (</u> on a Public Way:	Occur
					☐ Off-Street Parking	a Lot
						gLot
		_			Garage	,
		_			Mall/Shopping Co	
					☐ Other Private Way	
					Indicate North by A	rrow
		-		<del>+</del>		
		 -  +				
Crash Narrative:						
and was able to be drive	n from the scen	e.				
Pedestrian/witness state	d she was cross	ing in the cr	osswalk when t	the collisi	ion occurred. Pedestrian	was not
injured.						
Witnesses						
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:				ehicle Section)	Coming Invites Authority Con	35
Carrier Name					Carrier Issuing Authority Coc	ie
					St Zip	36
US DOT #:  Cargo Body Type Code  37		38	Issuing State	ICC #:	Interstate	
	Gross Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length	
Hazmat Information:	41					42
Placard Material 1 dig	ıt # Material	Name		Material 4 d	igit # Release code	
ADAM D CARRYEY		0.544	7			001
ADAM D GABRIEL		2511	. / NEW	VTON POLICE DEPARTM	10/15/2	U <b>Z</b> I

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)