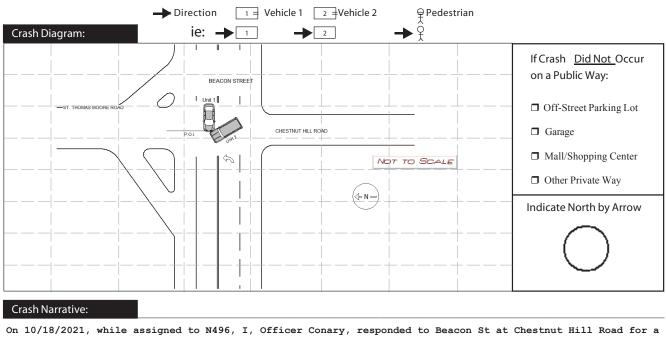
	Poli	ice Use Only		Commonwe	ealth (of Mass	sach	use	tts		1	RMV I	Docume	ent Number	
	Date of Crash 10/18/2021	Time of Crash 20:18 24HR	NEWTON	MIOLO		icle Cr Report	ash		icles	Number Injured	Speed Latitud Longit	le	25	State Police Local Police MBTA Police Other:	Xi
			RSECTION:	<	LOCA		>							TION:	
	WES [*]	г веасс	ON ST	·											2
1 4	Route# Direc			f Roadway/Street		Route# Direc	tion A	ddress	.#		Name	e of Ro	adway/S	treet	$ 2^1$
	At NORTH CHESTNUT HILL RD					Feet NSEW of or								_ 2	
	Route# Direc		Name of Intersecti	ng Roadway/Street						Mile Ma	rker			Exit Number	_
			Also at Inte	rsection with			N S I	_	-	Route#	Int	ersectii	ng Roadv	vay/Street	- 1
2 1	1 Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of									
3			Ι	1		Landmark									\dashv
	X Vehicle 1	2_#Occupants	Hit/Run	Moped Cas	se Number			210000	0843						_
	License#	18 1	St M	A DOB/Age	_ Reg#	9EJ346			I	Reg Type	PAN		_Reg St	tate MA	_
	Sex_M_ Lic.	Class D 16	Lic. Restrictio		_ Veh Y	ear_2017	V	eh Mak	e_BMV	<i>J</i>		\	eh Conf	řg. 1	- 1
⁴ 2	Operator COI		STEPHEN First	Middle	Owne	Owner (Same as operator) Last First Middle									
		BEACON ST (a)				ess									-
	City BROOKI			ate MA Zip 02116											
	Insurance Company GOVT EMP				_ Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									ee)
5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency?_N_	_ Event	Sequence 1			22 2	2 0		3			
	`	ssued)			Most	Harmful Event	1	23	4	24 (1) ◀	-	9	5	10 Undercarr 5 11 Totaled	age
6]			n 2: ChSec	Driver	Contributing	L	1 24		$\Box_{\mathbf{A}}$		/ \ 7	<i>ا</i> للا	5	
⁶ 1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N								<u> </u>	
		Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB	Sex	26 Seat 8 Pos. \$	27 Safety Airl System Sta	28 29 bag Airbag tus Switch	30 Eject I Code	31 Trap In	32 Trans atus Code	sp. Medical Facil	ity 1
	Operator		60	See Above	n		-		1 3	4	0	0 1	0 1		
	COHEN, DAV	'ID		BABCOCK STREET (apt 48 ROOKLINE, MA	M 3 1 3 4 0 0 10 1										
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupar	Non-Motorist A T	Гуре	14 Action	15 Lo	cation	16	Conditi	on	17	Hit/l	Run Mop	ed
	License# St MA DOB/Age					Reg # <u>8YT123</u> Reg Type <u>PAN</u> Reg State <u>MA</u>						_			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				_ Veh Y	Veh Year 2017 Veh Make HYUNDAI Veh Config. 20									
8 1	Operator GARAY STEPHANIE Endorsment Last First Middle				Owne	Owner CAR CONNECTIONS Last First Middle								_	
_	Address 19 OVERLOOK AVE				_ Addre	Address 1821 COUNTY ST								_	
	City REVERE State MA Zip 02151				_ City_	City SOMERSET State MA Zip 02726							_		
	Insurance Company FOREMOST				Vehic	Vehicle Action Prior to Crash One Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSEN Responding to Emergency?N				_ Event	Event Sequence 1 22 22 22 20 0 4									
	Citation # (If Issued)				Most	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 4 24 24									
	Violation 3: ChSecViolation 4: ChSec					Underride/Override									
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex		27 Safety Airl System St	28 29 bag Airbag atus Switch	30 Eject I Code	rap In	32 Trans tatus Cod	sp.	lity
		Non-Motorist		See Above			-		1 4	4			.0 1		
					· · ·										



On 10/18/2021, while assigned to N496, I, Officer Conary, responded to Beacon St at Chestnut Hill Road for a MVA with airbag deployment. Upon arrival, I met with the Operator of MV1 who stated that he was traveling Westbound on Beacon Street when MV2 pulled out from Chestnut Hill Road onto Beacon Street right in front of him. Operator of MV1 stated that MV2 just pulled right out that he had no time to stop.

The passenger present in MV1 stated that they were traveling Westbound on Beacon Street when MV2 cut in front of them and could not avoid a collision.

Operator of MV2 stated that they were pulling out from Chestnut Hill Road turning left. They saw no other cars traveling on Beacon Street and continued to make the left turn when MV2 hit MV1.

Witness who was running across the street heard MV1 attempt to stop (screeching tires) and then MV2

(Continued on next page)

(Continued	on next page;							
Witnesses:								
Name (Last, First, Middle)	Address				Phone #		Statement	
SELLARS, CARLTOLN,	,NC						N	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Damag	jed Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)				35
Carrier Name						Carrier Issui	ing Authority Cod	
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	Tr	railer L			
Hazmat Information:								
Placard 40 Material 1 digit	# 41 Material Na	me		Material 4	digit#		Release code	42

KRISTINA CONARY		NEWTON POLICE DEPARTM	10/18/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	→ Direction 1	Vehicle 1	2 = Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	→	2	→Ŷ		
		<u> </u>	 		If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
				+ -		,
					— — Mall/Shopping C	
					☐ Other Private Wa	У
					Indicate North by A	Arrow
Crash Narrative:						
hit MV1. Witness only pro	vided a phone nu	umber for cor	ntact.			
All parties were evaluate	d by medics and	signed patie	ent refusal.	Operator of M	MV1 complained of a hand	linjury
but was going to transpor	t themselves to	the hospital	. Both vehic	cles were towe	ed.	
W itnesses:		,				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:				Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trailer	Length 39	
Hazmat Information:	41					42]
Placard 40 Material 1 digit	# Material Na	ame		Material 4 digit	# Release code	42
RRISTINA CONARY Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Dat	
(110000 111111)	Signature			- F	Danasa Dan	-