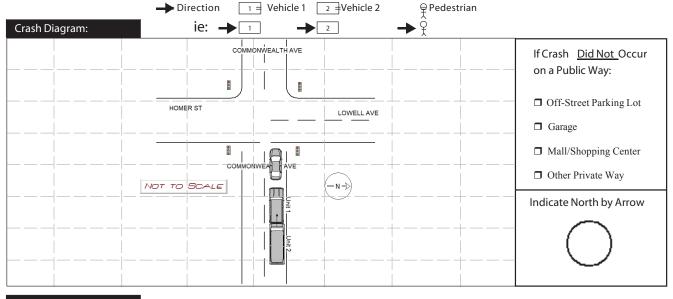
	Poli	ice Use Only		Commonwe	alth o	of Mass	achu	ısett	S		RM	V Docu	ment Number	r	
	Date of Crash 10/19/2021	Time of Crash 14:55	City/To	Moto:	r Veh	icle Cra	sh	Numb			peed Lim		State Police Local Police MBTA Police	<u> </u>	
	10/17/2021	24HR		Pe		Report		2	0		ongitude		Other:	ж 🔲	
		AT INTER	RSECTION:	<	LOCA	TION	>		N	OT A	T INT	ERSE	CTION:	2	
	WES	г сомм	IONWEALTH A	VE											
1 1	Route# Direc	tion	Name o	Roadway/Street		Route# Direction	on Ad	ldress #			Name of l	Roadway	//Street	2	
	At LOWELL AVE				Feet NSEW of • or										
	Route# Direc	etion N		ng Roadway/Street		Foot [NEF	W of	M	ile Mark	er		Exit Number	:	
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street									
2 1	Route# Direc	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of									
3						Landmark									
	X Vehicle 1	#Occupants	Hit/Run		21	1000008	15								
	License#					BR5555			Re	g Type_I	PAN	Reg	State MA	a-	
	Sex_M Lic. Class D 18 18 Lic. Restrictions T 19 CDL					Veh Year 2012 Veh Make JEEP Veh Config. 20									
⁴ 3		Operator KOENIG MICHAEL DAMIAN Last First Middle Middle				KOENIG	st	MAF	C Fire	t		Middl	e	_ 1	
3	Address 220 C	Address 220 ORCHARD ST			_ Addre	Address 220 ORCHARD ST									
	City MILLIS		St	ate MA Zip 02054	_ City_	MILLIS					State	MA	Zip <u>02054</u>	_	
	Insurance Company COMMERCE INS. CO					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)									
5 1	Vehicle Travel	Direction: N	S E X Res	ponding to Emergency? N	Event	Sequence 1	22 22		22	2	3		4		
	Citation # (If I	ssued)			Most	Harmful Event	1 23	_		1 4	- 9	$\left \cdot \right $	10 Underca	~	
	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing C			1 24			<u> </u>			
⁶ 1	Violation	Under	Underride/Override Z5 Towed N 8 7 6												
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Age/DOB Sex Pos. \$ystem Status \$\text{Switch Code}\$ Code \$\text{status}\$ Code Medical Facility							cility 1		
	Operator			See Above				1	4	99	0	10	1		
									+						
7	Please Select C)no				14	15		16		17				
2	of the Followi	IX Vehicle	2 <u>1</u> # Occupar	ts Non-Motorist A T	ype	Action	Loca	ation		ondition	1	П	lit/Run Mo	oped	
	License#		St_M	A DOB/Age	Reg # W62926 Reg Ty					g Type_	/pe_CON Reg State_MA				
	Sex_M_ Lic.	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2015 Veh Make CHEVY Veh Config. 2								
⁸ 1	Operator CLOUGH MICHAEL R Endorsment Last First Middle					Owner BUILDERS L.L.C. ANY SEASON									
1	Address 15 LI	GHTHOUSE LA	_ Addre	Address 15 LOVETT ST											
	City EASTHAM State MA Zip 02642				_ City _	City SALEM State MA Zip 01970									
	Insurance Company SAFETY INS. CO					le Action Prior to	o Crash	1	21	Dama	aged Area	Code: (Circle Up to Tl	hree)	
	Vehicle Travel Direction: N S E X Responding to Emergency? N					Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued) T2080858					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									
	Violatio	n 1: Ch <u>90/13B</u> Se	Driver	Driver Contributing Code 20 24 24											
	Violatio	n 3: ChSe	Under	Underride/Override 25 Towed Y 7 6											
			operator and al	l occupants involved		A/DOD		26 2 Seat Safe	7 28	29 Airbag	30 31 Frap		33 ransp.	a ailitu:	
	Name (Last Fi Operator/	Non-Motorist		See Above		Age/DOB	Sex	Pos. Sys	Statu 1		Code Code 0	Status 10	Code Medical Fa	actilly	
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									+						



Crash Narrative:

On 10/19/21 at approximately 14:55 I responded to a two vehicle crash on Commonwealth Ave near Lowell Ave.

The operator of veh #1 stated he was headed due West and stopped on Commonwealth Ave at a red light when veh

#2 crashed into the rear of his vehicle. Minor to moderate damage to veh #1.

The operator of veh#2 stated he traveling due West on Commonwealth Ave when he looked down at his phone for a split second and struck veh #1. The front air bag went off in veh #2. Both operators were checked out by Medic#1 and signed patient refusals. Officer Gabriel spoke with the mother of operator #1 as he was a minor. He heard the patient refusal given by the mother over the cell phone to the Medics. Moderate to heavy damage to veh #2 as it was towed by Tody's Towing (Bobby). The operator of veh #2 was cited in hand Mass. #T2080858 for Ch90/Sec13B Using a cell phone while operating a m.v..

Witnesses: Address Name (Last, First, Middle) Phone # Statement OMOPARIOGA, OLUWAGINMI, DAMILARE **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # (From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code Address_ US DOT #: ___ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:

ZACHARY S RAYMOND		NEWTON POLICE DEPARTM	10/19/2021		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Material Name_____ Material 4 digit # _____ Release code

Hazmat Information:

Material 1 digit #

Placard