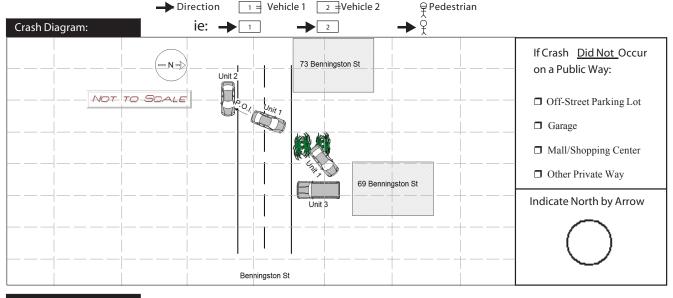
	Poli	ice Use Only		Commonweal	lth o	f Mass	achi	usett	S		RM	V Docun	nent Number			
	Date of Crash 10/23/2021	Time of Crash 22:15 24HR	NEWTON	Motor		icle Cra Report	sh	Numbe Vehicle 3		red Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	Xi O		
		AT INTER	LOCATION > NOT AT INTERSECTION:							CTION:						
1					_	EAST	66		BEN	NINGTO						
4	Route# Direction Name of Roadway/Street  Route# Direction Name of Intersecting Roadway/Street					Route# Direction Address # Name of Roadway/Street										
						Feet NSEW of Mile Marker or Exit Number										
	- Routen Biret	Adon 1	Also at Intersec		-	Feet N S E W of Route# Inter						rsecting Roadway/Street				
2 <b>1</b>	Route# Direc	tion	Feet N S E W of													
3		ng Roadway/Street	Landmark													
	Wehicle1	1_#Occupants		Moped Case N	umber		2	10000086	3					4		
	License#	18 18 19					Reg #         2TFH67         Reg Type         PAN         Reg State         MA									
4	Sex_F Lic.	· · · · · ·	Lic. Restrictions  LYDIA	CDL Endorsment	Veh Year 2003 Veh Make TOYOTA Veh Config. 1											
<sup>4</sup>	Operator NAI		First	Middle	Owner         SSENABULYA         ALVIN           Last         First         Middle           Address         73 (apt. 3) BENNINGTON ST											
	City WALTH		State	MA Zip 02453	Address NewTON State MA Zip 02458											
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three										
5 <b>1</b>	Vehicle Travel	Direction: N	S X W Respon	ding to Emergency? N	Event Sequence 2 22 20 22 22 22 29 49											
		ssued) T2014952			Most H	armful Event	2 23		24	<b>1</b>	9	$\left( \mid \cdot \mid $	10 Undercari 5 11 Totaled	riage		
<sup>6</sup> 1	1			ChSec		Contributing C	ode 25	12 24		8	7		6			
1		3: ChSec	Underride/Override  Towed Y  Towed Y  Seat Safety Airbag Airbag Airbag Eject Trap Injury Transp.  Ana/DOB Saw Beat Safety Airbag Airbag Eject Trap Injury Code.  Madical Engility													
	Please fill out for operator and all occupants involved  Name (Last First Middle)  Operator  See Above					Age/DOB	Sex	Pos. Syster	n Status S	witch Coc	ic couc	status (CO	nsp. de Medical Facil	1 2		
	Operator			See Above				1	4	4 0	0	10 1				
7					1		15		16		17			_		
1	Please Select C of the Followi	IX Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action		ation	16 Co	ndition	17	Hit	t/Run Mop	oed		
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	Sex Lic.					teh Year 2020 Veh Make TOYOTA						Veh Config. 20				
<sup>8</sup> <b>2</b>	Operator		Owner GALIWANGO ROSETTE  Last First Middle								-					
	Address					Address 26 DERBY ST										
	ı	CityStateZip Insurance Company GOVERNMENT INS					City WALTHAM State MA Zip 02453  Vahiala Action Prior to Crash Damaged Area Code: (Circle Up							Three)		
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Pol Date of Crash	Time of Crash		Commonwea				Setts Jumber	Number			ment Numb			
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License#		St	DOB/Age	Peg# 3	SHHW79			Reg Typ	o PAN	Rec	y State MA			
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			Endorsment	Owner GOLESTANI SEPIDEH										
II .		First	Middle	Address 69 BENNINGSTON ST										
			Zip											
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Violation	n 3: ChSe	c Violation 4: 0	Underr	ide/Override	25	Towed			7	6				
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Operator	•		See Above				-							
Please Select (	Vehicle	e# Occupants	Non-Motorist A Typ	pe 14	Action 1	5 Location	on 1	6 Condit	ion 1'	7 П П Н	lit/Run	Moped		
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Operator	/Non-Motorist		See Above				-							
							+							



## Crash Narrative:

The operator of MV1 stated she was backing out of her fathers driveway at 73 Benningston St when she struck MV2 in the front driver side. When she struck MV2, the operator stated she got scared, put the vehicle in drive and stepped on the gas. When she stepped on the gas she went onto the neighbors lawn, through the bushes, striking MV3 that was parked. The vehicle rested behind MV3 at an angle, in between the stairs to the residence at 69 Benningston St.

The operator stated she is pregnant and was checked out by the medics and signed a refusal. The vehicle was towed to Todys due to it being inoperable. The owners of MV2 and MV3 were home and notified of the accident. The operator of MV1 has her MA permit but was operating the motor vehicle with no licensed operator. She was cited for unlicensed operation and given the citation in hand.

Witnesses:								
Name (Last, First, Middle)		Address				Phone #	Statement	
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
GOLESTANI, SEPIDEH,	ST ACHUSETTS 0:	508-649-5268	97	ROCKWA	ALL/STEPS			
Truck and Bus Information:  Carrier Name	Registration #					Carrier Issui	ing Authority Coo	35 de
Address		(	City			St	Zip	
US DOT #:	State Number		_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tı	ailer Lengtl			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4	digit#		Release code	42