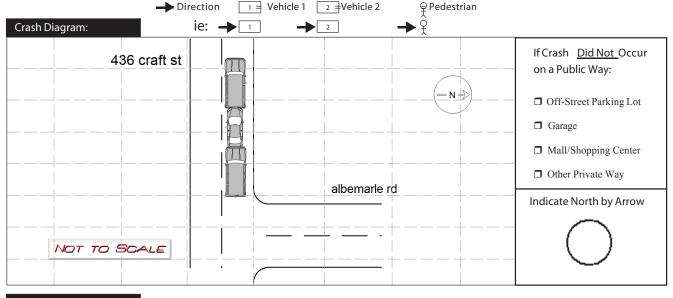
	Poli	ice Use Only		Commo	nweal	th o	f Mass	ach	use	etts			RMV	/ Docu	ıment	t Number	
	Date of Crash 10/24/2021	Time of Crash 10:48	City/T NEWTON	own N	lotor '	Vehi	icle Cra	ash		mber	Numbe		ed Limi tude		Sta Lo	ate Police ocal Police BTA Police	□ X i
	10/24/2021	10:48 24HR			Poli	ce F	Report		3		0		gitude_		Ot	BIA Police her:	
		AT INTER	RSECTION:	<	< Lo	OCAT	TION	>			NO	ΓАТ	INTI	ERSE	CTI	ON:	
	SOU	TH ALBEM	IARLE RD														
1 1	Route# Direct	tion	Name o	f Roadway/Street		F	Route# Direct	ion A	Addres	s #		Na	me of R	Roadwa	y/Stre	et	
	WES	T CRAFT	'S ST	At		-	Feet [N S I	E W	of —		•	·	or		'. NY 1	- -
	Route# Direc	etion N		ng Roadway/Street		-	Faat	N S I	r lw/	of.	Mile	/Jarker			Ex	tit Number	-
			Also at Inte	rsection with		-					Route#	<u> </u>	Intersec	ting Ro	adway	//Street	- -
2 1	Route# Direct	tion	Name of Inters	ecting Roadway/Stree	et	-	Feet	N S I	EW	of.							_ 2
3			Ι	1 _	Ī								Laı	ndmark			\dashv
	XVehicle1	2_#Occupants	Hit/Rur	Moped	Case N	umber			210000	00864							
	License#		St N	DOB/Age		Reg#_	ACKARK				Reg Ty	pe_PA	V	Re	g State	MA	_
	Sex_F Lic. 0	Class D 18 1	Lic. Restriction	ns 1 CDL Endors		Veh Ye	ear_2018	V	eh Ma	ke_ME	RZ			Veh C	onfig.	2 20	
4	Operator FRC	ONK Last	JANET First	Endors		Owner	(Same as ope	erator)			First			Midd	lle		- 1
1	Address 89 N.	LIBERTY ST	- 11.5%				s										- -
	City NANTUC	CKET	S	tate MA Zip 0255	54	City							_State		_Zip_		_
	Insurance Com	npany_SAFETY				Vehicle	Action Prior	to Crasl	h	2 21] I	Damage	d Area	Code:	(Circle	e Up to Thr	ee)
5	Vehicle Travel	Direction: N	S E X Res	ponding to Emergen	ncy?_N	Event S	Sequence 1	22	22	22	22 2		3	\rightarrow	4		
	Citation # (If Is	ssued)				Most H	Iarmful Event	1 2	23			_				10 Undercarr 11 Totaled	iage
	Violation	1: ChSec	c Violatio	n 2: ChSec_		Driver	Contributing C	Code	1 2	24	24		ľÍ			11 Totaled	
⁶ 1	Violation	3: ChSec	e Violatio	n 4: ChSec_		Underri	ide/Override	1	25 ,	Towed	Y 8		7		6		
			ator and all occ	upants involved		Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fa								ity 1			
	Name (Last Fire			Addr See Ab			Age/DOB	Sex	Pos.	\$ystem S		ch Code	Code 0	Status (Code 1	Medical Facili	ity
	FRONK, ROB	ERT		N. LIBERTY ST				М	3	1 4		0	0	+	1		
	THOTHY HOD		N	ANTUCKET, MA 02	2554									10	-		
_																	
⁷ 3	Please Select C of the Followi		2 <u>1</u> #Occupa	nts Non-Moto	rist A Type	14	4 Action	15 Lo	cation	10	Cond	ition	17	<u>ا</u>	Hit/Ru	n Mop	ed
	License#		St_N			Reg#4	NHK10				Reg Ty	pe_PA	N	Re	g State	MA	
	Sex_M_ Lic. 0	Class D 18 1	Lic. Restriction			Veh Ye	ear_2011	V	eh Ma	ке_но	NDA			Veh C	onfig.	1 20	
⁸ 2	Operator PAT	ΓEL	PANKAJKU			Owner	PATEL		JA	NKEE							_
	Address 156 M	MEADOW ST	First	Midd	lle	Address	S 156 MEADO				First			Midd	lle		
	City FRAMINGHAM State MA Zip 01701					City FRAMINGHAM State MA Z						Zip_(z _{ip} 01701				
	Insurance Com	npany_SAFETY				Vehicle	Action Prior	to Crasl	h [21] [Damage	d Area	Code:	(Circl	e Up to Thr	ee)
	Vehicle Travel Direction: NSEN Responding to Emergency? N Citation # (If Issued)					Event S	Sequence 1	22	22		22 2		3		4		
							Iarmful Event	1 2	23			_			1 -	10 Undercarr	iage
	Violation 1: ChSecViolation 2: ChSec Driver Contributing Code Violation 3: ChSecViolation 4: ChSec Underride/Override						24 24 9 11 Totaled										
							L	25 Towed Y 8 7 6									
				l occupants involv							28 2 irbag Airb	9 30 ag Eject	31 Trap	32 Injury T	33 ransp.		\dashv
	Name (Last Fi	Non-Motorist		Add See Ab			Age/DOB	Sex	Pos.	System 1	Status Sw	itch Cod	le Code	Status	Code	Medical Faci	lity
	Орегают.	1 TOTI INTOTOTIST		See Au				+		1 4	4	0	U	10	1		\dashv
								-					-				

Date of Crash	ce Use Only Time of Crash	City/Town	Commony		oi Massa iicle Cra			Number	Speed Lin		State Police	e 🗆		
10/24/2021	10:48	NEWTON				l Ve	ehicles	Injured	Latitude		Local Police MBTA Pol	ce 🗴 lice 🔲		
	24HR	CECTION.	<		Report	> 3	3	0 NOT	Longitud		Other:			
	ALINIER	SECTION:		LUCA	TION -			NOI	ALINI	LKSE	CCTION:			
 	 		adway/Street								15			
Route# Direct	tion		Route# Direction	n Addre				Roadwa						
					Feet [N	N S E W	of —	Mile Ma	• irker	or	Exit Numb	er		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of									
XVehicle3	#Occupants	Hit/Run	Moped	Case Numbe	r	21000	000864							
T. " —		St MA	DOB/Age		78M720			р. т	PAN	D	G MA			
License #	18 18		19		Year 2014						,	20		
Operator HEI		BIELMAN	Endorsmen	ıt.	(Same as oper	. \					omig			
	DRUMBEGA TE	R (apt. 23)	Middle		ess					Midd	le			
City WALTH		State ¹	MA Zip 02453							te	Zip			
	_{pany} GENERAL				ele Action Prior to	Г	1 21				(Circle Up to			
٦		S E X Respond	ling to Emergency?			22 22		22 2		3	4			
_	ssued)		_ ,		Harmful Event	23			_ \	9	10 Under	_		
Violation	1: ChSec	Violation 2:	ChSec	_ Drive	L r Contributing Co	ode 19	24	24 0		Í	5 11 Totale	cu		
Violation	3: ChSec_	Violation 4:	_ Unde	rride/Override	25	Towed	<u>Y</u> 8		7	6				
Please f		tor and all occupan	ts involved		Age/DOB	Sex Pos.	27 Safety Air System St	28 29 rbag Airbag tatus Switch	30 3 Eject Trap Code Cod	1 32 Injury T	ransp.	Facility		
Operator			See Above						0 0		1	acanty		
Please Select C	One 🕞					5	16		1'	7 .				
of the Followi		# Occupants	Non-Motorist	A Type	Action	Location	n	Conditi	on		lit/Run 🔲 N	Noped		
License#	18 18	St	DOB/Age	Reg #	£			Reg Type	e	Reş	g State	20]		
Sex Lic. (Class	Lic. Restrictions	CDL		Year	Veh M	ake			Veh C				
Operator	Last	First	Middle		er	t		First		Midd	le			
1				Addr	ess									
City		State_	Zip								Zip			
Insurance Com					ele Action Prior to		21	_	Ü	ea Code: ((Circle Up to '	Three)		
Vehicle Travel		S E W Respor	nding to Emergency?		Sequence	22 22 23	22	22 2			10 Under	carriage		
1	Citation # (If Issued) Mo						24	1 4	←]	9	5 11 Totale	_		
1						Driver Contributing Code 8 7 6								
		c Violation 4 operator and all oc		Unde	rride/Override	26 Seat	Towed	28 29 rbag Airbag	30 3 Eject Trap	1] 32 [33			
Name (Last Fi	rst Middle)		Address		Age/DOB	Seat Pos.	Safety Air System S	rbag Airbag Status Switch	Eject Trap	Injury T de Status	ransp. Code Medical	Facility		
Operator/	Non-Motorist		See Above				-							



Crash Narrative:

ON 10-24-21 AT APPROX. 1048HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFT ST AND ALBEMARLE RD. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING W-BOUND ON CRAFT ST. SHE WAS STOPPED IN TRAFFIC WHILE A VEHICLE IN FRONT OF HER TRIED TO TURN LEFT INTO THE FESSENDEN RINK LOT. WHILE STOPPED SHE WAS HIT IN THE REAR BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING W-BOUND ON CRAFT. HE WAS STOPPED BEHIND VEHICLE #1. WHILE STOPPED HE WAS HT IN THE REAR BY VEHICLE #3 AND PUSHED INTO VEHICLE #1. DRIVER OF VEHICLE #3 STATES HE WAS TRAVELING W-BOUND ON CRAFT. HE STATES VEHICLE #1 AND #2 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #1 HAD MINOR REAR END DAMAGE. VEHICLE #2 HAD FRONT AND REAR DAMAGE. VEHICLE #3 HAD MINOR FRONT END DAMAGE. ALL PARTIES REPORTED NO INJURIES AND WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. ALL VEHICLES WERE

(Continued on next page)

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			
Carrier Name					Carrier Iss	suing Authority Coo	35 le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	ss Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

-	Direction 1	☐ Vehicle 1	2 #Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 🔟	→ □	2	₽Ŷ		
					If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co Other Private Way Indicate North by A	g Lot
Crash Narrative:						
OPERATIONAL AND LEFT THE	SCENE WITHOUT AS	SSISTANCE. C	CLEARED WITHOU	T FURTHER IN	CIDENT.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:						
			(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Cod	le
Address			City		St Zip	
						36
US DOT #:	_ State Number		Issuing State	1CC#:	Interstate	
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
		D	D. 37	m 11	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material N	ame		Material 4 digit	#Release code	42
u.g.t						
I						
THOMAS P WALSH			NEW	TON POLICE DEPARTM	10/24/20	021
Police Officer Name (Please Print)	Signature	;	ID/Badge # De	epartment	Precinct/Barracks Date	

CDP1 11 ·24·00