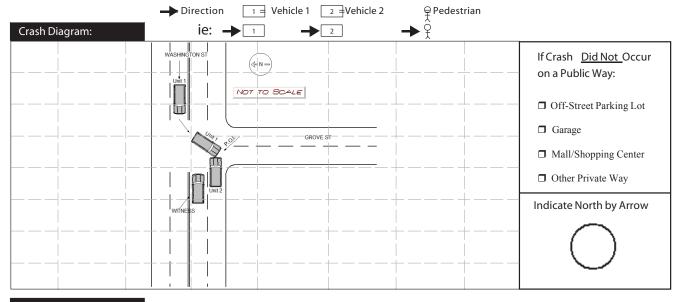
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	isetts			RMV	V Docun	nent Number	
	Date of Crash 10/26/2021	Time of Crash 08:36 24HR	NEWTON	Motor		icle Cra Report	sh [	Number Vehicles 2		d Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
			RSECTION:		LOCA		>		NO	ГАТ	INTI	ERSE(	CTION:	$\neg$ $\vdash$
		GROVI	E ST											2
1 1	Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					Street	$ 2^1$				
	At WASHINGTON ST				Feet NSEW of or						_   _			
	Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number							-		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							$ 3^1$	
<sup>2</sup> <sub>3</sub>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								
3						Landmark								
	Vehicle1	_1_#Occupants			Number		21	.00000869						_
	License#	18 1	St_MA	DOB/Age									State MA 20	-
	Sex_F Lic. Class D Lic. Restrictions 1 CDL				Veh Year 2011 Veh Make MERZ Veh Config. 2								- 1 1	
4 1		Operator ASANGONG MARGARET  Last First Middle  Address 8 INTERFAITH TERRACE (apt. A)				Owner (Same as operator) Last First Middle								
						SS								-
	City FRAMINGHAM State MA Zip 01702				CityStateZip									
5	Insurance Company GEICO				Vehicle Action Prior to Crash  A 21  Damaged Area Code: (Circle Up to Three)  Damaged Area Code: (22								ee)	
1		Direction: N		onding to Emergency? N		sequence 1	23				$\bigcap$		10 Undercarr	riage
	`	ssued)				Harmful Event	1	24		<b>—</b>	9	$\left( \ \ \right)$	5 11 Totaled	iuge
<sup>6</sup> 2	1			2: ChSec		Contributing Co	ode 4		8		7		6	
2	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Towe		29   30	31	32	33	1
	Name (Last Fir		ator and arroccup	Address		Age/DOB	Sex P	26 27 Seat Safety Oos. System	28 Airbag Air Status Sw	29 30 bag Eject tch Code	Trap Code	32 Injury Tra Status Co	33 nsp. de Medical Facil	1 1
	Operator			See Above				1	4 4	0	0	10 1		
<sup>7</sup> <b>3</b>	Please Select C of the Followi	IX Vehicle	2 1_#Occupants	Non-Motorist A Typ	pe 1	Action 1	Loca	ition	16 Con	dition	17	Hit	t/Run Mop	ped
	License# St OH DOB/Age				Reg # GGU2271 Reg Type PA Reg State OH						State OH	_ ]		
	Sex_F Lic. Class D 18 18 Lic. Restrictions D 19 CDL				Veh Y	Veh Year         2017         Veh Make         CHRY         Veh Config.         2								
8 1	Operator DI	Last	<b>DEBRA</b> First	Owner (Same as operator)  Last First Middle								_		
1	Address 6 QUARRY HILL RD				Addre	SS								_
	City WESTFORD State MA Zip 01886				CityStateZip								_	
	Insurance Company GEICO				Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 3 4									
	Citation # (If Issued)					Most Harmful Event 1 23 G 10 Undercarriage 5 11 Totaled							nage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24								
	Violation 3: ChSecViolation 4: ChSec					Underride/Override 25 Towed N 8 7 6								
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syster	28 Airbag Air Status Sv	29 30 bag Eject zitch Cod	Trap le Code	Injury Tra	nsp. ode Medical Faci	ility
	Operator/	Non-Motorist		See Above			-	1	4 4	0	0	10 1		



## **Crash Narrative:**

(Continued on next page)

Vehicle #1 stated they were traveling eastbound on washington st. and was attempting to turn left onto grove st. Vehicle #1 stated that the witness stopped and waived them on to turn. Vehicle #1 stated during the turn, she witnessed Vehicle #2 coming at her at a high rate of speed and was unable to stop in time and struck her in her front right side. Vehicle #2 stated she was traveling westbound on washington st. and witnessed Vehicle #1 turn in front of her suddenly. Vehicle #2 stated she was unable to stop in time and struck Vehicle #1 with the front of her vehicle. The witness stated she was traveling westbound on washington st. and was in the left side lane when she stopped to let Vehicle #1 turn. She stated that Vehicle #1 then began to turn and witnessed Vehicle #1 turn into the oncoming path of Vehicle #2 who was traveling down the right side lane. Witness stated she believes neither vehicle saw each other at the time

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement

1 LEWIS FARM
DEDHAM,MA 02026

N

## **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 #: Hazmat Information: Material 4 digit # Release code Placard Material 1 digit # Material Name

-	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian		
Crash Diagram:	ie: →□	1 -	2	<b>&gt;</b> ♀			
	_			Predestr		F Crash Did Not Con a Public Way:  J Off-Street Parking Garage Mall/Shopping Ce Other Private Way dicate North by Al	g Lot
Crash Narrative:							
of the turn.							
Vehicle #1 had moderate da	mage was un ab	ole to be driv	ven and was to	wed by To	dy's Towing.	. Vehicle #2 h	nad
minor damage and was able	to be driven a	away.					
Both operators were asked	if they were i	injured to wh	ich they state	ed they we	re not. Both	operators ref	fused
any medical treatment or e	valuation.						
Witnesses:							
Name (Last, First, Middle)		Address			Phor	ne #	Statement
Property Damage:	1		51 "	24.7			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dar	maged Property	
Truck and Duc Information							
Truck and Bus Information:			(From Ve	chicle Section)			35
Carrier Name Carrier Issuing Authority Code							
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38					
					3	39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tr	ailer Length		
Hazmat Information:	41						40
Placard 40 Material 1 digit #	411						
	# Material 1	Name		Material 4	digit #	Release code	42
	# Material I	Name		Material 4	digit #	Release code	42

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)