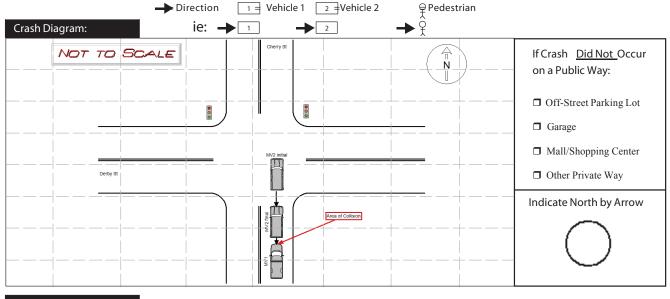
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	isett	5		RM	V Docui	ment Number	
	Date of Crash 10/27/2021	Time of Crash 08:07 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		ed Lat	ed Lim itude _ ngitude		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:		LOCA	_	>		NO				CTION:	
	SOU	TH CHERR	RY ST											2
$egin{smallmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	
	At DERBY ST				Feet NSEW of • or								_ 4	
	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							-		
² 3	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of								2
3						Landmark								
2	Wehicle1	#Occupants			Number		21	10000087	5					_
	License#	License # St MA DOB/Age				5KH165							State MA	_
	Sex_M_ Lic. Class D Lic. Restrictions 1 CDL				Veh Year 2017 Veh Make TOYOYA Veh Config. 2									
⁴ ₃	Operator MA		RICARDO	Middle	Owner (Same as operator) Last First Middle									- 1
	Address 12 CLARENDON AVE				Address								-	
	City SOMERVILLE State MA Zip 02144													
5	Insurance Company USAA				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) From Secretary Secretary 1 22 22 22 22 22 22 23 4								ree)	
1		Direction:		onding to Emergency? N		Sequence 1	23		22		\bigcap	$\overline{\mathcal{I}}$	10 Undercar	riage
	`	ssued)		• ~		Harmful Event	1	24	24	D	9		5 11 Totaled	age
⁶ 2]			2: ChSec		Contributing C	ode 25			9	7		6	
	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y Seat Safety Airbag Airbag Airbag Libes Fleet Trap Injury Carda Medical Facility And DOR								
	Name (Last First Middle) Address					Age/DOB	Sex I	Pos. Syster	n Status S	witch Coc	ic code	Blatus C	ode Medical Faci	lity 1
	Operator			See Above				1	4 4	4 0	0	10 1	NONE	
⁷ 2	Please Select C of the Followi	IX Vehicle	2 1_#Occupant	Non-Motorist A Ty	pe 1	Action 1	Loca	ation	16 Co	ndition	17	Πн	it/Run Mo	ped
	License# St MA DOB/Age				Reg #					Reg State MA				
	Sex_F Lic. Class D 18 18 Lic. Restrictions D 19 CDL Endorsment					Veh Year 2011 Veh Make TOYOYA Veh Config. 20								
8 1	Operator Last ROSELINE Last First Middle				Owner Game as operator) Last First Middle								_	
	Address 3 AMORY RD (apt. 2)					Address								_
	City WALTHAM State MA Zip 02453					CityStateZip								-
	Insurance Company_AMICA					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
	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 23 10 Undercarriage								riaga	
	Citation # (If Issued)					Most Harmful Event 1 1 9 9 11 Totaled							mage	
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 19 7								
1		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N							
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. Syste	Airbag A m Status S	irbag Ejer Switch Co	0 31 ct Trap de Code	Injury I'r	ansp. Code Medical Fac	cility
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10 1	NONE	



Crash Narrative:

On Wednesday October 27, 2021 at approximately 0807 hours I responded to Cherry St at Derby St (both public ways) for a two car motor vehicle accident. Be advised at this time the weather was very rainy and cloudy, and the roads were covered in leafs and were wet.

MV1 was operating on Cherry St northbound by the Derby St intersection behind MV2. MV1 operator stated he stopped as the intersection traffic light was turning yellow. MV1 operator stated he stopped with at least one car length between his MV at the intersection. MV1 operator stated MV2 continued halfway through the intersection but stopped as the light was turning yellow. MV1 operator stated after MV2 stopped in the middle of the intersection, it reversed backwards and struck his MV. MV1 sustained extensive front end damage and was towed by Todys. MV1 operator reported no injuries at this time.

(Continued on next page)

Witnesses:									
Name (Last, First, Middle)	Address			Phone #	Phone #				
Property Damage:									
Owner (Last, First, Middle)	Address		Phone # 34-Type Description of Damaged Pr						
Truck and Bus Information:	Registration #		(From Vehic	le Section)					
Carrier Name					Carrier Issu	ing Authority Cod	e 35		
Address City St Zip									
US DOT#:	State Number		Issuing State	ICC #:		Interstate	36		
Cargo Body Type Code Gross Vehicle Weight 38									
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length									
Hazmat Information:									
Placard 40 Material 1 digit #	41 Material Nar	me		Material 4 d	igit #	Release code	42		

_	Direction 1	delicle 1	≥ =Vehicle 2	♀ Pedestrian		
Crash Diagram:	ie: 🕕 🛚 1	→ □	2	→Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	
					☐ Garage	
					— — Mall/Shopping C	
					☐ Other Private Wa	У
					Indicate North by	Arrow
	 			+-		
Crash Narrative:						
MV2 operator stated she wa	as on Cherry St	northbound a	it the Derby	St intersection	on. MV2 operator stated	l when
the intersection traffic	Lights turned ye	ellow she sto	opped in the	middle of the	intersection, and put	her MV
in reverse. MV2 operator s	stated because of	of the slippe	ery and wet m	road conditions	s, her MV reversed too	quickly
and slid, striking MV1 who	ich was already	stopped behi	nd her. MV2	sustained mind	or rear end damage and	did not
require a tow. MV2 operato	or reported no	injuries at t	this time,			
What						
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Desc	cription of Damaged Property	
Truck and Bus Information:	D = = i = t = = #		(E)	Tabiala Cantinu)		
Carrier Name				Vehicle Section)	Carrier Issuing Authority Co	35 de
Address			City		St Zip	
US DOT #:			-			36
37		38	issuing state	ICC #	interstate	
	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length	
Hazmat Information: 40	A1					42
Placard Material 1 digit	# Material N	ame		Material 4 digit #	# Release code	42
MARK HATFIELD			NI	EWTON POLICE DEPARTA	10/27/2	2021
Police Officer Name (Please Print)	Signature	·	ID/Badge #	Department	Precinct/Barracks Dat	e

CDP1 11 ·24·00