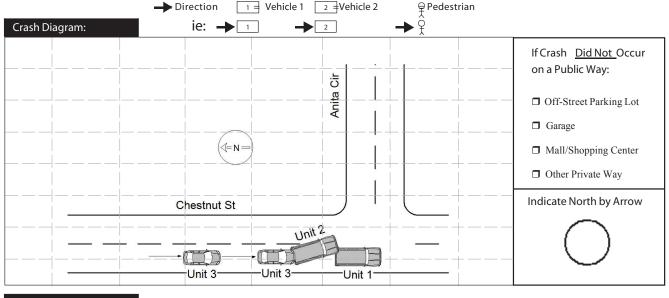
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	\$		RM	V Docur	nent Number	
	Date of Crash 11/10/2021	Time of Crash 09:26 24HR	City/Tov NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles		ed Lat	ed Limi itude _ ngitude_		State Police Local Police MBTA Police Other:	Xi D
			SECTION:		LOCAT	_	>		NC	ТАТ	INT	ERSE	CTION:	\neg \vdash
	SOU	TH CHEST	NUT ST											2
1 1	Route# Direc	tion		Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	
		ANITA		.t		Feet 1	N S E	w of				or		_ _
	Route# Direc	etion N	Vame of Intersecting	Roadway/Street	<u> </u>		vlalni		Mile	Marker			Exit Number	
			Also at Inters	ection with	ŀ		N S E	_	Rout	e#	Intersec	ting Roa	dway/Street	- -
2 1	Route# Direc	tion	Name of Intersec	ing Roadway/Street	l·	Feet [N S E	W of						2
3			I _								La	ndmark		\dashv
	Wehicle1	1_#Occupants	Hit/Run	Moped Case I	Number		21	.00000929)					_
	License#	18 1	St MA	DOB/Age		16T520				Type_PA		Reg	State MA	-
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4 1		THILINGAM Last	ARCHANA	Middle		SARAVANA		SHAN	KAR			Middle	;	- 1
		CHESTNUT ST (896 (apt. 1) C	HESTN	UT ST						-
	City WABAN State MA Zip 02468					VABAN							Zip <u>02468</u>	-
· ·		pany LIBERTY			Vehicle	e Action Prior to		2	21	_	ed Area	Code: (0	Circle Up to Thr	ree)
5	Vehicle Travel	Direction: N	X E W Respo	onding to Emergency? N	Event	Sequence 1	22 22 23		22		3		4 10 Undercari	ringa
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·			Most I	Harmful Event	1	24	24	—	9		10 Olidercali	nage
⁶ 1				2: ChSec	Driver	Contributing Co	ode 1	-		3	1		6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed N								_
	Name (Last First Middle) Address					Age/DOB		26 Seat Safety Sos. System	Airbag A Status Sv	irbag Ejec	t Trap e Code	32 Injury Tra Status Co	ansp. ode Medical Facil	1
	Operator			See Above				1	4 4	1 0	0	10 1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupants	Non-Motorist A Typ	pe 1	4 Action 1	Loca	ition	16 Cor	ndition	17	Пні	t/Run Mop	ped
	License# St MA DOB/Age					Reg # 2FXT97 Reg Type PAN Reg State MA								_]
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8 1	Operator LAI	Last	NANCY	Endorsment	Owner	(Same as ope			First			Middle		_
_	Address 36 ORCHARD AVENUE					Address								_
	City NEWTON State MA Zip 02465					City State Zip								_
	Insurance Company COMMERCE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)
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	Operator/	Non-Motorist		See Above				1	4 4	0	0	10 1		

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11/10/2021	09:26	NEWTON	MIOTOI		cle Cra	\	ehicles	Injured	Latit	ıde		State Police Local Police MBTA Police	e 🛣 ce 🗖
	24HR	RSECTION:		IICE R	Report	>	3	0 NOT		itude_		Other:	
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License#		St MA	DOB/Age	D # 8	TCD20			D T	. PAN	ı	D (74-4- MA	
Sex_F Lic.	18		19 CDL		ar 2004							20	0
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City_NEWTO			MA Zip 02460									Zip	
Insurance Com	pany_PLYMOU				Action Prior to		1 21					Circle Up to T	
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Please : Name (Last Fir		rator and all occupar	nts involved Address		Age/DOB	Sex Pos	6 27 t Safety A . System	28 29 Airbag Airba Status Switc	g Eject Code	31 Trap 1 Code	32 Injury Tra Status Co	nsp. de Medical Fa	ecility
Operator			See Above				- 1	3 4	0	0	10 1		
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License#	License#StDOB/Age					Reg #							<u> </u>
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Operator/	Non-Motorist		See Above				-						
i.		1											
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Crash Narrative:

Operator of vehicle 1 was traveling southbound on Chestnut St and came to a complete stop and activated her left turn signal to turn up Anita Cir. She was then struck from behind by vehicle 2.

Operator of vehicle 2 was traveling southbound on Chestnut St and saw vehicle 1 in front of her turn on her left blinker and come to a stop waiting to turn up Anita Cir. Operator 2 was then struck from behind by vehicle 3 and thrust forward. Operator 2 was able to turn her wheel left to avoid making full contact with vehicle 1 but still hit her left rear end.

Operator of vehicle 3 stated she was traveling southbound on Chestnut St when suddenly vehicle 2 in front of her came to a quick stop and she struck her from behind. Operator of vehicle 3 stated everything happened suddenly and she had no time to react.

(Continued on next page)

w itnesses:								
Name (Last, First, Middle)		Address			Phone #	Phone #		
MCNULTY, ANTHONY,	1	563 SUMMER S ABINGTON,M						
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property		
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)	Carrier Issu	uing Authority Cod	e 35	
Address		(City		St	Zip		
US DOT #:			_ Issuing State	ICC #:_		Interstate	36	
	ss Vehicle Weight	38			39			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	railer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Nam	ne		Material 4	digit #	_ Release code	42	

-	Direction 1	_ dehicle 1	2 #Vehicle 2	Pedestr	rian		
Crash Diagram:	ie: → 1	→	2	₽			
Crash Diagram: Crash Narrative: None of the operators inv	ie: → 1					If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	g Lot
the airbags going off.							
Witnesses:							
Name (Last, First, Middle)		Address			Pho	ne #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Da	maged Property	
Truck and Bus Information:	Registration #		(From Ve	hicle Section)			
Carrier Name				· ·	Carrier	Issuing Authority Code	e 35
l			a.			0 ,	
Address			City		St	Zip	
US DOT #:	_ State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
Trailer Reg #:		Rag State	Pag Voor	т	ailer I enoth	39	
Hazmat Information:	Keg Type	reg state	Reg rear_	113	anci Lengili		
40	41						42
Placard Material 1 digit	# Material N	Name		_ Material 4	digit #	Release code	12
MICHAEL ANTHONY IAROSSI			NEW	TON POLICE DEPART!	\	11/10/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)