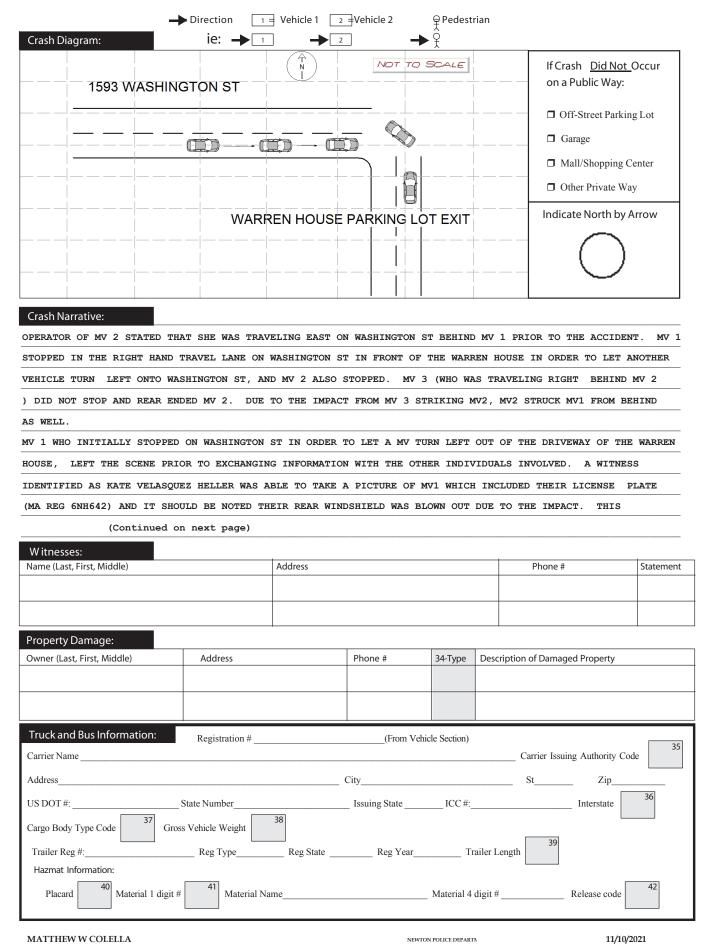
	ice Use Only		Commo				1								t Number	
Date of Crash 11/10/2021	Time of Crash 14:45	City/ NEWTON	Town N			cle Cra	sh	Num Vehi		umber jured		l Limit ide		St Lo	ate Police ocal Police BTA Police	N X
14192021	24HR					eport		3	1			itude_		Ot	ther:	
	AT INTER	RSECTION	<	< LO	CATI	ION :	>		ľ	TO	AT 1	INTE	ERSE	CTI	ON:	
						EAST	159	03	W	ASHIN	GTO	N ST				
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									et	_
-			At			Feet N	N S E	W of			_ •	(or			
Route# Direc	etion N	Name of Intersec	ing Roadway/Street		−⊢				N	Aile Ma	rker			Ex	kit Number	
		Also at In	ersection with			Feet N	N S E	W of		oute#	—Ir	ntersect	ting Ro	adway	y/Street	-
	<u></u>	N CI			_ -	Feet N	N S E	W of	•							
Route# Direc	tion	Name of Inter	secting Roadway/Stree	et								Lan	ıdmark			$\overline{}$
XVehicle1	#Occupants	Hit/Ru	n Moped	Case Nur	nber		21	100000	0930							
License#		St ¹	MA DOB/Age	R	eg#6N	NH642			Re	ед Туре	PAS		Re	g State	_e MA	
Sex_F Lic.	Class 99 18 13	8 Lic. Restricti	ons 1 CDL	V	/eh Year	r_2006	Vel	ı Mak							20	
I	PES	SANDRA	Endors	sment		(Same as oper			F				Midd			_
Address 84 CF	RESTHILL RD (a	apt. 2)	Middl			Las							Midd	ile		
City_BRIGHT	ON		State MA Zip 0213											Zip_		
Insurance Com			LASSURANCE		/ehicle /	Action Prior to	Crash	2	21	Dai	maged	l Area	Code:	(Circl	e Up to Thr	ree)
Vehicle Travel	Direction: N	S X W Re	sponding to Emergen	ncy?N E	Event Se	equence 1 2	22 22		22 22	2		3	\rightarrow	4		
Citation # (If I	ssued)					rmful Event	23				.	9			10 Undercari	riage
Violation			on 2: ChSec			L Contributing Co	ode !	99 24	. 2	4 1	_	/		၂ၑ	11 Totaled	
Violation	3: ChSec	c Violati	on 4: ChSec	t	Jnderrid	le/Override	25	To	owed N	8		7		6		
		ator and all oc	upants involved					26 Seat Sa	27 28 afety Airba	8 29 g Airbag is Switch	30 Eject	31 Trap Code	32 Injury I	33 ransp.		\neg
Name (Last Fir	st Middle)		See Ab			Age/DOB		os. Sy	stem Statu	s Switch	Code 0	Code 0	Status	Code 1	Medical Facil	ity
_																
								_								
Please Select C of the Followi		2 <u>2</u> #Occupa	nts Non-Motor	rist A Type	14	Action 1	5 Loca	ation	16	Conditi	on	17	□⊦	Hit/Ru	n Mop	oed
		St ¹	MA DODA		Reg# 6P	PMB90			D	ед Туре	PAS		D	. 64.4	e MA	-
License # Sex_F Lic. 0	18 1		19		-		Vel	. M-1-		eg 1ype	, 1110		Ke; Veh C		20	-
Operator RUI		YAMILEYX	Endors	sment		(Same as oper		1 IVIAK	e				venc	onng.	1	
	Last ELMONT PL (ap	First	Midd	lle		Las	t		F	irst			Midd	ile		-
City BROCK			State MA Zip 0230		_							State		Zip		-
	_{ipany} GOVT EM		Zip <u>02</u> 50			Action Prior to			21	Dai	maged				e Up to Thr	ee)
Vehicle Travel	_		esponding to Emerger			equence 1 2	22 22	2	22 22			3		4		
Citation # (If I		3 X W	esponding to Emerger			rmful Event	23	1				\prod	\bigwedge		10 Undercari	riage
`	·	Viole	ion 2: Ch Sec			Contributing Co	1] 99 24	. 2	G 4	←	9		6	11 Totaled	
						le/Override	25	1	wed Y	8	Ų	7	__	6		
Violatio		conerator and	ion 4: ChSec_ ll occupants involv		naerria	ie/Override		,	27 28 afety Airba		30 Eject	31 Trap	32 Injury T	33		\dashv
Name (Last Fi	rst Middle)	-P-rator und	Add	lress		Age/DOB	Sex	Seat Sa Pos. S	System Stat	us Switch	Code	Code	Status	ransp. Code	Medical Faci	ility
•	Non-Motorist		See Abo	ove				1	4	99	0	0	8	2	NWH	=
VASQUEZ-RU	JIZ, ALAIAH		ROCKTON, MA				F 6	4	4	99	0	0	10	1		

	Poli Date of Crash	ce Use Only Time of Crash	n City/Town	Commonwea				Number	1	r Spec	RMV ed Limi		nent Numb	
1	11/10/2021	14:45	NEWTON	1410101		icle Cra Papart	sn	Vehicles	Injured	Latit	tude _		State Police Local Police MBTA Police	ice X
r		24HR	RSECTION:		LOCAT	Report	>	3	1 NOT		gitude_		Other:	
ŀ		ATINIE	KSECTION.	\ 1	LOCAT	ION			NO	AI	11111	LINSL	TION.	
-	B	. 	N. CD	1 /0.				11 //		N	C.P.		/G	
ŀ	Route# Direct	ion	Name of Re	oadway/Street	R	Loute# Direction				Na	me of R	Roadway	Street	
L						Feet	N S E	W of		• Iarker	_	or	Exit Numb	ber
-	Route# Direc	tion	Name of Intersecting l			Feet 1	N S E	W of						
1						Feet []	N S E	w of	Route	.]	Intersec	ting Roa	dway/Street	
-	Route# Direct	tion	Name of Intersecti	ng Roadway/Street							Laı	ndmark		
T	XVehicle 3	1 #Occupants	s ☐ Hit/Run	Moped Case I	NT1		2	100000000						
╊	ZZ v cameres			r	Number			100000930						
Т	License#	18	St MA	DOB/Age	Reg#_				Reg Ty			Reg	State MA	20
1	Sex_M Lic. 0		Lic. Restrictions	CDLEndorsment		ar 2019						_Veh Co	nfig. 2	
ш	Operator NEL	Last	STEPHEN First	Middle		ENVIRONM Las	t	. S TECH	First	INC		Middle		
Т		RIDGE STREE		MA		51 FREEMO	N1 51					М^	00404	
1	City NEWTO		State	Zip 02458		EEDHAM							Zip <u>02494</u>	Three'
-			ICA FINANCIAL			Action Prior to		1	22 2	иладе	u Area 3	Coue: (0	Circle Up to	i iiree)
╽		Direction: N	S X W Respor	iding to Emergency? N		sequence 1	23				\bigcap		١	rcarriage
[Citation # (If Is	·		al ~		armful Event	1	24		←	9	[]	5 11 Total	_
ł				ChSec		Contributing Co	ode 25	19	/		7		6	
ļ			rator and all occupa	chSec	Underri	de/Override		Towe		9 30	31	32	33	
L	Name (Last Firs		rator and an occupa	Address		Age/DOB	Sex	26 27 Seat Safety Pos. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	Trap Code	32 Injury Tra Status Co	33 ansp. ode Medical	Facility
L	Operator			See Above				1	4 99	0	0	10 1		
L														
	Please Select C of the Followir	I Vehicl	e# Occupants	Non-Motorist A Typ	pe 14	Action 1	Loc	ation	16 Cond	ition	17	Hi	t/Run	Moped
Ī	License#		St	DOB/Age	Reg#				Reg Ty	ре		Reg	State	
	Sex Lic. (Class 18	Lic. Restrictions	19 CDL		ar						Veh Co		20
1	Operator	Leat	First	Endorsment	Owner	Las			First			Middle		
	Address	Last	First	Middle		Las			rirst			Middle		
1	City		State	Zip	City						_State		Zip	
	Insurance Com	pany			Vehicle	Action Prior to	Crash	2	2 1 I	amage	d Area	Code: (0	Circle Up to	Three)
1	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?	Event S	Sequence	22 2	2 22	22 2		3		4	
	Citation # (If Is	ssued)			Most H	armful Event	23	3		_	9		10 Unde 5 11 Total	rcarriage ed
	Violation	n 1: ChS	Sec Violation 2	2: ChSec	Driver	Contributing Co	ode	24	24	_	ľÍ	\searrow		
	Violation	n 3: ChS	Sec Violation	4: ChSec	Underri	de/Override [25	Tower	8		7		6	
ſ	Plo Name (Last Fir		r operator and all o	ccupants involved		Age/DOB		26 27 Seat Safety Pos. Syster	28 2 Airbag Airb Status Sw	9 30 ag Eject tch Cod	31 Trap Code		33 insp. dode Medical	Facility
		Non-Motorist		See Above					Jiailla SW	COO	Code	Status C	- wicuical	racilly
\vdash						 				+			+	
								- 1						



Department

→	▶ Direction 1	Vehicle 1 2	■Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
						Crash <u>Did Not</u> C a Public Way:)ccur
						Off-Street Parking	Lot
						Garage	
	j			į	0	Mall/Shopping Ce	nter
						Other Private Way	
					Ind	icate North by Ar	row
						\bigcirc	
Crash Narrative:							
PICTURE, WHICH SHE TOOK ON	HER CELL PHONE	WAS EMAILE	D TO ME AND AT	TACHED B	Y THE IT BUREA	U TO THIS REP	PORT.
THE VEHICLE BELONGS TO A FR	EMALE PARTY OUT	OF BRIGHTON	MA AND THE OW	NER DOES	NOT APPEAR T	O HAVE A MA I	ICENSE.
I HAD DISPATCH CALL BPD TO	SEE IF THEY CO	ULD GO BY TH	E ADDRESS TO S	EE IF TH	E INVOLVED VEH	IICLE WAS THER	RE AND
TO SEE IF THEY COULD RAISE	ANYBODY AT THA	T ADDRESS AN	D I NEVER GOT	A RESPON	SE REGARDING I	HIS ACCIDENT.	IT IS
UNCLEAR FROM THE PICTURE AN	ND VIDEOS I VIE	WED WHO IS O	PERATING MV1.				
ALL THREE VEHICLES SUSTAINE	ED MODERATE TO	HEAVY DAMAGE	. MV2 WAS TOW	ED BY AA	A AND MV 3 WAS	TOWED BY TOD	YS TO
THEIR LOT. THE OPERATOR OF	F MV2 WAS TRANS	PORTED TO NW	H BY MEDICS TO	BE FURT	HER EVALUATED	AND NO OTHER	
INJURIES WERE REPORTED.							
THE OPERATOR OF MV2 ALSO HA	AS A DASH CAM W	ITH 2 VIDEOS	AND STATED TH	AT SHE W	OULD EMAIL ME	THE VIDEOS W	IHEN
(Continued or	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:		•					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			35
Carrier Name					Carrier Iss	suing Authority Code	> 33
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38					
Trailer Reg #:Hazmat Information:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Placard 40 Material 1 digit #	41 Material Na	ame		Material 4	ligit #	_ Release code	42
MATTHEW W COLELLA			NEWTO	N POLICE DEPARTM		11/10/20	21

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)

_	▶ Direction 1	■ Vehicle 1 2	∑ =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚	→ 2	→	Ŷ			
						If Crash <u>Did Not</u> On a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
						☐ Mall/Shopping Co	enter
				+		☐ Other Private Way	
	_	+				Indicate North by A	rrow
						()	
Crash Narrative:							
THEY HAVE A CHANCE. I VIE						THIS REPORT BY	
BUREAU.		DING MV 2. I	THESE VIDEOS WE	TRE ALSO	ATTACHED TO	THIS REPORT BI	
UPDATE: ON 11/12/21 I REC	CEIVED A CALL F	ROM SALINA LO	PES AND HER FR	RIEND WHO	HELPED TRA	NSLATE FOR HER I	DUE TO A
						TIME OF THE CR	
SHE DIDN'T STAY ON SCENE							
FOR CH. 90 S.10 UNLICENSED	OPERATION.						
Witnesses:							
Name (Last, First, Middle)		Address			Ph	one #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:			(From Veh				35
Carrier Name						r Issuing Authority Cod	e
Address			City		St	Zip	36
US DOT#:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	39	
Hazmat Information:							
40							
Placard Material 1 digit	# 41 Material N	Jame		Material 4 o	digit #	Release code	42

ID/Badge #

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Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)