	Pol	ice Use Only		Commonwea	lth o	f Mass	achu	setts			RM	V Docui	ment Number		
	Date of Crash 11/10/2021	Time of Crash 19:06 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2	Numl Injur 0	ed Lati	ed Limitude _		State Police Local Police MBTA Police Other:	X	
			RSECTION:		LOCAT		>		NC				CTION:		
						EAST	527		WASI	HINGTO	ON ST				
1 4	Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street										
						Feet NSEW of orExit Number								_	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2 1					Route# Intersecting Roadway/Street Feet N S E W of										
3	Route# Direc	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1 1_#Occupants					Number 2100000933									
	License # St MA DOB/Age 18 18 19 19					Reg # 2WSJ89 Reg Type PAN Reg State MA								_	
	Sex_M_ Lic.	Class D	Lic. Restriction			ear_2015						_Veh Co	onfig. 20		
4 1	Operator RIV	Last	RAFAEL	Middle	Owner	SULLIVAN Las	o et	HELEN	First			Middle	e	_ [:	
	Address 20 PALERMO ST				Address 20 PALERMO ST								-		
	City CAMBRIDGE State MA Zip 02141 Insurance Company THE COMMERCE INSURANCE					City CAMBRIDGE State MA Zip 02141 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
5 1	1	Direction: N		onding to Emergency? N			22 22	22	22	Ð	3		4		
1	Citation # (If I	ssued)			Most E	Iarmful Event	1 23				9		10 Underca 5 11 Totaled	ırriage	
	Violation	1: ChSe	ec Violation	2: ChSec	Driver	Contributing Co		24	24		VŢ	<u> </u>)		
⁶ 1	Violation 3: ChSecViolation 4: ChSec					Underride/Override									
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Sex Se	26 27 at Safety s. System	28 Airbag A Status Sv	29 irbag Ejec vitch Code	31 Trap Code	32 Injury Tr Status C	ransp.	ility	
	Operator			See Above				1	1 4	1 0	0	10 1	L		
7												\sqcup			
1	Please Select (of the Followi	IX Vehicle	e2 1_#Occupant	s Non-Motorist A Typ	pe 1	Action	Locat	ion	Coi	ndition	17	Пн	it/Run Mo	ped	
	License#	License # St MD DOB/Age				Reg # 1AXR29 Reg Type PAN Reg State MA					State MA				
	Sex_F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Ye	Veh Year 1999 Veh Make HONDA Veh Config. 20									
8 2	Operator Lindley ANNA MARIA Last First Middle Middle				Owner (Same as operator) Last First Middle										
		Address 11804 DANVILLE DR												-	
	City NORTH BETHESDA State MD Zip 20852				City State Zip Damaged Area Code: (Circle Unite Three)										
	Insurance Company PROGRESSIVE INS Vahiala Traval Direction: N.S. W. Perponding to Emergancy N.					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three) Event Seguence 22 22 22 22 2 3 4								nec)	
	Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued)					Most Harmful Event 1 23									
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 24									
	l	on 3: ChS	Underride/Override 25 Towed Y 8 7												
	Pl Name (Last Fi		r operator and all	occupants involved		Age/DOB		26 27 at Safety		29 30 Ejec Switch Coo) 31 t Trap de Code		33 ransp. Code Medical Fa	eility	
		Non-Motorist		See Above		Age/DOB		1		l 0	0	10 1		шиу	

•	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestrian								
Crash Diagram:	ie: → 1	2	→	Ŷ								
	NOT TO	SCALE			If Crash <u>Did Not</u> on a Public Way:	_Occur						
					☐ Off-Street Parki	ng Lot						
		P.O.I.			Garage							
	Unit 2	— Unit 1	<u> </u>	j	☐ Mall/Shopping (Center						
			_		☐ Other Private W	ay						
				+-	Indicate North by	Arrow						
		527 Washington St	reet									
Crash Narrative:												
Operator of MV1 stated he	was traveling o	n Adams stree	t southbound	when MV2 be	egan tapping the breaks	. When						
both vehicles turned left onto Washington Street, eastbound, MV2 began tapping on the breaks again. Operator												
of MV1 attempted to go as	round MV2 and whi	le checking i	f he was clea	r to change	e lanes, MV2 hit the br	eaks						
again and MV1 rear ended	MV2. The operat	or of MV2 sta	ted while tra	veling east	tbound on Washington St	reet, she						
stated she hit the breaks	s because she dri	ves slow. Wh	en MV2 hit th	e breaks, M	NV1 rear ended her vehi	cle. MV1						
did have air bag deployment and both operators were evaluated by the medics and signed a refusal. Both												
vehicles were inoperable and todys was notified for a tow.												
Witnesses:		1			21 "	10						
Name (Last, First, Middle)	Address			Phone #	Statement							
Property Damage:												
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property							
Truck and Bus Information:												
Carrier Name				cle Section)	Carrier Issuing Authority Co	ade 35						
		(
US DOT #:						36						
37	ross Vehicle Weight	38	_ issuing state	1CC#	mersiate							
		Day State	Dag V	T:1	L angth 39							
Trailer Reg #: Hazmat Information:	keg Type	Keg State	Keg Year	I railer	Lengin							
Placard 40 Material 1 digi	it # 41 Material Na	ume		Material 4 digit	## Release code	42						

CDP1 11 ·24·00

Police Officer Name (Please Print)

SEAN STAKE

NEWTON POLICE DEPARTM