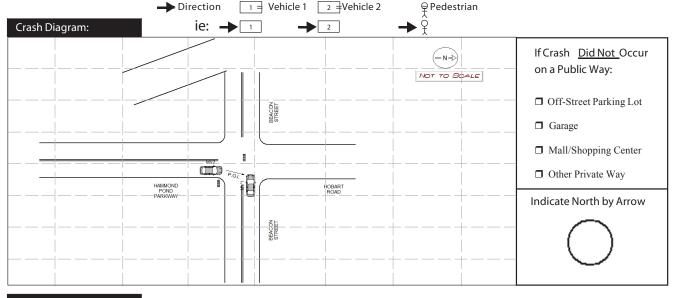
	Poli	ce Use Only		Comm	nonweal	th o	f Massa	achus	setts			RM	V Docui	ment Numbe	er	
	Date of Crash 11/13/2021	Time of Crash 22:11	City/ NEWTON	Γown	Motor '			sh [Number /ehicles		d Lati	ed Lim		State Police Local Police MBTA Poli	e 🔲	
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2 1	Route# Direct		Name of Inter	secting Roadway/S	Street										3	
3	_		Ι	1_		Landmark										
	XVehicle1	1_#Occupants	Hit/Ru	n Mope	ed Case Ni	umber		210	0000940							
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4	Operator HAI	LEY	KATHLEE	N	dorsment	Owner	(Same as open	rator)		P1.			.,		_	
3	Address 141 R	ANDLETT PK	First			Owner (Same as operator) Last First Middle Address										
	City_NEWTO	N		State MA Zip 0												
	Insurance Com	pany USAA CAS	SUALTY INS			Vehicle	Action Prior to	Crash	2	1	Damage	ed Area	Code: (Circle Up to T	Three)	
5 1	Vehicle Travel	Direction: N	S E X Re	esponding to Emer	rgency? N	Event S	Sequence 1	22 22	22	22 2		3		4		
1	Citation # (If Is	ssued)				Most H	armful Event	23					$\langle $	10 Under	~	
	Violation	1: ChSec	e Violati	on 2: ChSe	ec	Driver (ı Contributing Co	ode 1	24	24			\bigvee	5 11 Totale	d	
⁶ 2	Violation	3: ChSec	e Violati	on 4: ChSe	ec	Underri	ide/Override	25	Towe)	7		6		
			ator and all oc	cupants involved				Sei	26 27 safety	28 Airbag Air	29 30 bag Ejec	0 31	31 32 33 Injury Transp.			
	Name (Last Fire Operator	st Middle)			Above Above		Age/DOB	Sex Pos	System	Status Sw	tch Cod	e Code	\$tatus Co	ode Medical F	acility 1	
												+				
2	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occup	ants Non-Mo	otorist A Type	14	Action 1	Locati		Con	dition	17	Пні	it/Run M	1oped	
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	Sex M Lic. Class D Lic. Restrictions 1 CDL					Veh Year 2010 Veh Make MERCEDEZ Veh Config. 1										
8 1	Operator Lopez GONZALEZ HUGO Last First Middle					Owner (Same as operator) Last First Middle										
	Address 346 MAIN STREET (apt. 2)					Address										
City EVERETT State MA Zip 02149 Insurance Company GOVERNMENT EMPLOYEES INS						City State Zip										
						Vehicle	Action Prior to	Crash	1 2			ed Area	Code: (Circle Up to T	Three)	
Vehicle Travel Direction: $[N]XEW$ Responding to Emergency? N							Event Sequence 1 22 22 22 22 3 4									
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		ease fill out for	operator and	*			A as/DOB		Crr-4-	State	ritol C	da C-1		ansp.	Facility	
	Name (Last Fi		operator and a		Address Above		Age/DOB	Sex Po	s. Systen	Status Sv	vitch Co	de Code		Code Medical I	Facility	
	Name (Last Fi	rst Middle)	operator and		Address			Sex Po	s. Systen	Status Sv	vitch Co	de Code	Status C	Code Medical I	Facility	
	Name (Last Fi	rst Middle)	operator and		Address			Sex Po	s. Systen	Status Sv	vitch Co	de Code	Status C	Code Medical I	Facility	



Crash Narrative:

Operator of MV1 stated she was stopped facing Westbound on Beacon St. at the red light when MV2 struck her vehicle. Operator of MV1 stated once her vehicle was struck by MV2, her vehicle spun around and came to a stop facing Northbound on Beacon St. Operator of MV2 stated he was traveling Northbound on Hammond Pond Parkway and attempted to take a left turn to travel Westbound on Beacon St, however lost control of his vehicle and collided with MV1. It should be noted based on my preliminary investigation roadside with each operator on scene, it appears the operator of MV2 veered off the roadway and left his lane of travel colliding with MV1.

Operator of MV1 signed a patient refusal on scene for neck pain. No injuries reported from the operator of MV2. MV1 sustained heavy left and front end damage. MV2 sustained front windshield damage along with heavy

(Continued on next page)

(Continued on next page)								
Witnesses:								
Name (Last, First, Middle)		Address				Phone #		Statement
Property Damage:					,			
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descriptio	n of Damag	ged Property	
Truck and Bus Information: Carrier Name	Registration #		(From Vehic	cle Section)		Carrier Issu	ing Authority Cod	35 de
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length			
Hazmat Information:								
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #		Release code	42

Crash Diagram:	-	Direction 1 =	Vehicle 1	2 #Vehicle 2	₽Pedestrian		
One Public Way:	Crash Diagram:	ie: → 1] →[2	→ ĝ		
Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # Statement Address Phone # Statement Currier Name Currier Name Currier Name Currier Name Currier Name Currier Stating Authority Code Address City Sale	Crash Diagram:	ie: • 1			→ Ŷ 	If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C	ng Lot Center
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Witnesses: Name (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truckand Bus Information: Carrier Name Carrier Name Carrier Name Carrier Stating Authority Code 35 Address City St Zip US DOT #: State Number Issuing State ICC #: Interstate 36 Cargo Body Type Code 37 Gross Vehicle Weight 38 Trailer Reg #: Reg Type Reg State Reg Year Trailer Length 39 Hazmat Information: Placard 40 Material I digit # Material Name Material 4 digit # Release code 42 JUSTIN MARCH Namon Property Indistribute Release code 42 JUSTIN MARCH Namon Property Indistribute Release code 42 JUSTIN MARCH Namon Property Indistribute Release code 42	out for both vehicles and	placed on file.					
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Truck and Bus Information: Registration #				DI #	24.7		
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