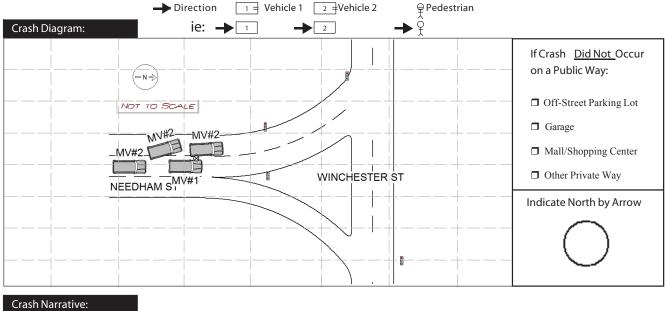
	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts			RMV	V Docun	nent Number	
	Date of Crash 11/23/2021	Time of Crash 18:10	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles	Injure	d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	N N
		AT INTER	SECTION:		LOCA'		>	2	NO				CTION:	
	Non					11011			110		11111			2
1	$\frac{\text{NOR}}{\text{Route#}} \frac{\text{Direc}}{\text{Direc}}$		Name of I	Roadway/Street		Route# Direction	on Add	ress #		Na	me of R	Roadway	'Street	2 10
4	At WEST WINCHESTER ST				Feet NSEW of or							$ \frac{2}{}$		
	Route# Direc		Name of Intersecting	Roadway/Street					Mile	Marker			Exit Number	_
			Also at Interse	ection with			N S E V	_	Route	#	Intersec	ting Roa	dway/Street	- 11
1	Route# Direc	tion	Name of Intersec	ing Roadway/Street		Feet	N S E V	V of			Las			4
3						Landmark								\neg
1	Venicie	#Occupants		r	Number			0000982						4
	License#	18 1		19									State MA 20	-
4	Sex_M Lic.		Lic. Restrictions PAUL	CDL Endorsment		ear 2018						_Veh Co	nfig.	1′
⁴ 3	Operator MC	Last (Apt. 2)	First	Middle		(Same as ope			First			Middle		- 1
	City DORCH			e MA Zip 02124		SS							 Zip	-
	Insurance Com					e Action Prior to							Circle Up to Thre	
5 1	Vehicle Travel	Direction: X	S E W Respo	onding to Emergency? N	Event	Sequence 1	22 22	22	22 2		3		4	
1	Citation # (If I	ssued)			Most I	Harmful Event	1 23			_	9	$\langle \rangle$	10 Undercarr 5 11 Totaled	iage
C	Violation	1: ChSec	Violation	2: ChSec	Driver	Contributing Co		24 1						
⁶ 1				4: ChSec	Under	ride/Override	25	Towe			C		6	
	Please t Name (Last Fir		ator and all occup	ants involved Address		Age/DOB	Sex Se	26 27 at Safety s. System	28 Airbag Air Status Sw	29 30 bag Eject tch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ide Medical Facili	13 1
	Operator			See Above				99	4 99	0	0	10 1		
⁷ 2	Please Select C of the Followi	IX Vehicle	2 1_#Occupants	Non-Motorist A Typ	pe 1	Action 1	Locat		16 Con	dition	17	□Hi	t/Run Mop	ed
	License#		St MA	DOB/Age	Reg # T723 Reg Type PAN Reg State MA						State MA	_]		
	Sex_F_ Lic.	Class D	Lic. Restrictions		Veh Y	ear_2006	Veh	Make_T0	OYT			Veh Co		
⁸ 2	Operator MC	Last	BARBARA First	Middle	Owner	(Same as operator)			First			Middle		-
	Address 147 PICKERING ST				Address								-	
		State MA Zip 02492				CityStateZip								-
	Insurance Company COMMERCE Value Travel Direction: VS F W Reproduct to Emergance N				Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up to Three) Event Seguence 22 22 22 23 Q								²⁶⁾	
	Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 10 Undercarriage								iage	
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec					Most Harmful Event 1 9 5 11 Totaled								
			ec Violation		Driver Contributing Code 99 27 99 1									
	Pl	ease fill out for		occupants involved				26 27 at Safety	28 Airbag Air	29 30 bag Eject	31 Trap	Injury [Fra	33 insp.	\dashv
	Name (Last Fi Operator/	rst Middle) Non-Motorist		Address See Above		Age/DOB		os. System	Status Sv	ritch Cod	le Code 0		ode Medical Faci	lity
	*									+	+			\dashv
											+			



MV#1 Was stopped in traffic, in the middle lane at the intersection of Needham St and Winchester St when MV#2 attempted to pass him on his left and collided with his vehicle.

OPMV#1 Stated he was waiting at the light and the person behind him became impatient and tried to drive around him and hit his car.

MV#2 Was slowing/stopped at the intersection of Needham St and Winchester St when she attempted to enter the left travel lane causing the vehicle to collide $% \left(1\right) =\left(1\right) +\left(1\right) +\left($

OPMV#2 Stated she didn't hit his vehicle but remembers hearing a noise prior to making the left turn onto Winchester St from Needham St.

Should be noted there is minor damage on all bumpers on MV#2.

Witnesses:							
Name (Last, First, Middle)	Address		Phone	Phone #			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dam	naged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35
Carrier Name					Carrier Is	ssuing Authority Coc	
Address			City		St	Zin	
Address							
AddressUS DOT #:	State Number						36
US DOT #:	State Number					Interstate	
US DOT #:	State Numbers Vehicle Weight	38	_ Issuing State	ICC #:_	39	Interstate	
US DOT #: 37 Cargo Body Type Code Gross	State Numbers Vehicle Weight	38	_ Issuing State	ICC #:_	39	Interstate	

REID LARSON			NEWTON POLICE DEPARTM		11/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date