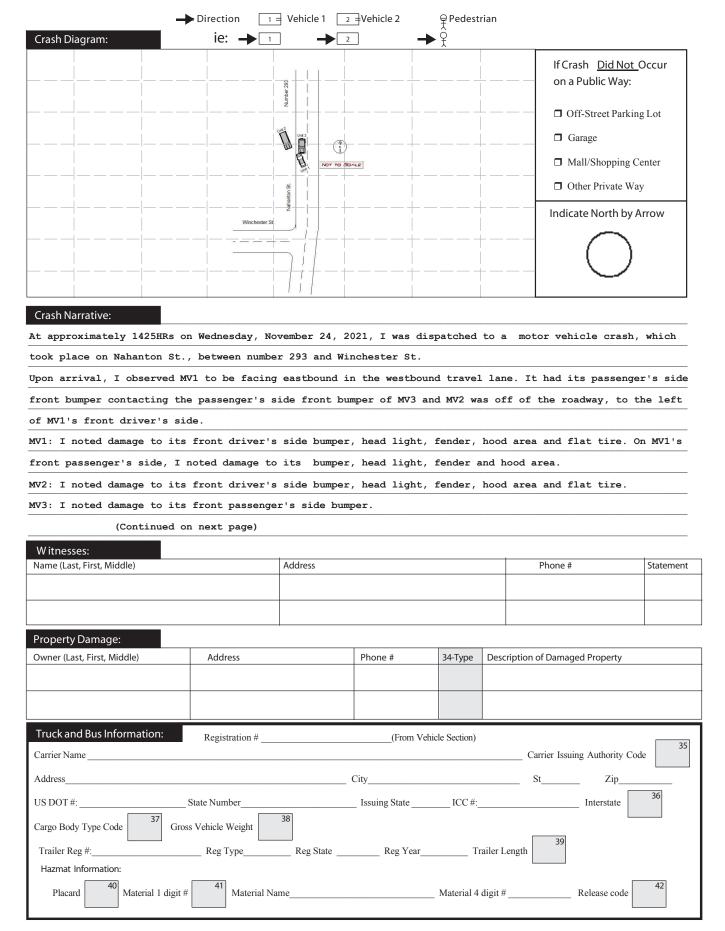
	Poli	ce Use Only		Comm	onweal	lth o	f Massa	achu	setts					ment N		
	Date of Crash 11/24/2021	Time of Crash 14:20	n City/	Γown	Motor	Vehi	icle Cra	sh	Number Vehicles			eed Lim		State Local	Police l Police A Police	X
L	11/24/2021	24HR					Report		3	0		ngitude_		Othe	A Police r:	<u> </u>
		AT INTE	RSECTION	:	< L	OCAT	TION	>		NC	T AT	INT	ERSE	CTIO	N:	
							EAST	293		NAH.	ANTO	N ST				
	Route# Direct	ion	Name	of Roadway/Street		R	Route# Direction	on Add	lress #		N	lame of I	Roadway	y/Street		_
-			Feet NSEW of or													
	Route# Direct	tion	Feet N S E W of or Exit Number													
			Also at Int	ersection with		-	Feet I	N S E V	W of	Rout		Intersed	ting Ro	adway/Si	treet	-
						-	Feet [N S E V	W of							
⇉.	Route# Directi	ion	Name of Inter	secting Roadway/S	Street							La	ndmark			
	XVehicle1	#Occupants	s Hit/Ru	n Mope	ed Case N	lumber		210	00000989							
7	License#		St ^I	MA DOB/Age_		Reg#3	3AYD69			Reg	vne P	AN	Rec	g State_N	1A	
	Sex F Lic. C	Tlace D 18		19	DL	-	ar 2013		Make H						1 20	-
	Operator BUT			Enc	dorsment		(Same as oper							omig. [
╛	Address 301 M	Last IATTHEW CIR	R (apt. 105)	N	Middle		Las						Middl	le		-
	City BRAINTE			State MA Zip 0)2184		s							7in		-
	Insurance Comp		· · · · · · · · · · · · · · · · · · ·	5tateZip_		-	Action Prior to		2	21					Jp to Thre	_
\dashv		. ,	I S W W D	esponding to Emer				22 22	22		9	3		4		,
			11-7	esponding to Emer	gency?		1	23				\bigcap	/	10	Undercarr	iage
	Citation # (If Is	-		2. Ch C-			farmful Event	1	24	24	←	9		5 11	Totaled	
┪				on 2: ChSe			Contributing Co	ode 25	J		9	7		6		
1	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved						ide/Override		Towe		29 3	30 31	32 Injury Tr	33		
-	Name (Last First				Address		Age/DOB	Sex Po		Status Sv	29 rbag Eje ritch Co		Injury Tr Status C	ransp. Code Me	edical Facili	ity
-	Operator			See	Above				1	4 4	0	0	10	1		
-																
Ī																
	Please Select O		le2 <u>1</u> #Occupa	ants Non-Mo	otorist A Type	14	4 Action 1	I5 Locat	tion	16 Cor	dition	17	П	lit/Run	Мор	ed
ľ		ıg: —		MA			CDIATEOR				D	N N T				_
- 1	License # St MA DOB/Age					Reg# CBWE936			Reg Type PAN				Reg State ON 20			-
	Sex_F Lic. Class D Lic. Restrictions 1 CDL Operator TYNAN KATE Last First Middle												2			
- 1							Owner ENTERPRISE Last First Middle							-		
- 1	Address 121 SANBORN AVE						Address 260 MILTON ST								-	
- 1	City W. ROXBURY State MA Zip 02132						City DEDHAM State MA Zip								-	
	Insurance Company ALLSTATE						Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ee)	
	Vehicle Travel Direction: NSEM Responding to Emergency? N						Event Sequence 22 22 22 22 3 4 10 Undercarriage							iana		
	Citation # (If Issued)					Most Harmful Event 1 1 5 11 Totaled							iage			
- 1	Violation 1: ChSec Violation 2: ChSec						Driver Contributing Code 1 24 24 7 6									
- 1	Violation	n 3: ChS	Underri	ide/Override		Towed		,	,							
		Please fill out for operator and all occupants involved Name (Last First Middle) Address							26 27 eat Safety Pos. System	28 Airbag A n Status S	29 Eje witch C	30 31 Frap ode Code		33 ransp.		li-t
			or operator and a		Address		Age/DOB							Code I M	fedical Facil	
	Name (Last Fire		or operator and a		Above Above		Age/DOB		1	4 4		0		Code M	Iedical Facil	iity
	Name (Last Fire	rst Middle)	or operator and a				Age/DOB								Iedical Facil	iity
	Name (Last Fire	rst Middle)	or operator and a				Age/DOB								Iedical Facil	IIty

Poli Date of Crash	Time of Crash		Commonwea Motor				Number	Number		RMV Do		t Number State Police
11/24/2021	14:20	NEWTON	MIOTOI		icle Cra	sn	Vehicles	Injured	Latitu	de		State Police Local Police MBTA Police
	24HF	RSECTION:		LOCAT	Report	>	3	0 NOT		tude		Other:
	ALINIE	RSECTION:		LUCAI	ION			NOI	AII	NTER	SECI	ION:
			1 (0)							c n	1 /0:	
Route# Direc	tion	Name of Ro	adway/Street	R	Route# Directio	n Addı				e of Road		eet
		Feet NSEW of or Exit Number										
Route# Direc	ction	Name of Intersecting R Also at Intersect		—[-	Feet N	N S E W	of					
					Feet N	SEV	of	Route#	In	tersecting	Roadwa	ay/Street
Route# Direc	tion	Name of Intersectin	g Roadway/Street				_			Landm	ark	
XVehicle 3	_1_#Occupants	s Hit/Run	Moped Case N	Number		210	0000989					
License#		St MA	DOB/Age	D # 1	XTE96			D T	- PAN		D C4-	4. MA
Say M Lia	Class D M	18 Lic. Restrictions	19 CDL		ar 2021							20
Operator MA		DANIEL	Endorsment		(Same as oper							ğ. []
II .	ARCH ST (apt.	3)	Middle		Last			First			Middle	
City SALEM			MA Zip 01970								Zip	
	npany_COMME				Action Prior to		1 21					ele Up to Thre
Vehicle Travel	Direction: N	S E X Respond	ling to Emergency?_N	Event S	Sequence 1 2	2 22	22	²² O		3	4	
Citation # (If I	ssued)			Most H	armful Event	1 23		_ (_ `	9	5	10 Undercarri 11 Totaled
Violation	1: ChSe	ec Violation 2:	ChSec	Driver	Contributing Co	ode 1	24	24				11 Totaled
Violation	3: ChSe	ec Violation 4:	Underri	de/Override	25	Towed			7	6		
Please		Age/DOB	Sex Pos	26 27 at Safety A s. System	28 29 Airbag Airba Status Switch	30 Eject Code	31 32 Frap Injur Code Statu	2 33 y Transp Code	. Medical Facilit			
Operator			See Above				1	4 4	0	0 10	1	
Please Select (of the Followi	I Vehic	le#Occupants	Non-Motorist A Typ	ne 14	Action	5 Locati	on 1	Condit	ion	17	Hit/R	un Mop
License#	Reg#	Reg # Reg Type Reg State										
Sex Lic.	18	StStStSt	DOB/Age	_	ar			_ 0 ,,			h Config	20
Operator		First	Endorsment	Owner	Last			First			Middle	
Address	Last	First	Address									
City	City State Zip											
Insurance Com	npany		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
Vehicle Travel	Vehicle Travel Direction: NSEW Responding to Emergency?											
Citation # (If I	Citation # (If Issued)					Most Harmful Event 23 10 Undercarriage 5 11 Totaled						
Violatio	Violation 1: ChSecViolation 2: ChSec					Driver Contributing Code 24 24 7 6						
			: ChSec	Underri	de/Override		Towed		30	7 31 22		
Name (Last Fi		r operator and all oc	cupants involved Address		Age/DOB	Sex Po	nt Safety .	28 29 Airbag Airbag Status Swite	Eject ch Code	31 32 Trap Injur Code Stat	y Transp	
Operator/	Non-Motorist		See Above				-					



_	Direction	_1 Vehicle	e 1 2 + Ve	nicle 2	Pedestr	ian		
Crash Diagram:	ie: →[1	2	→	P			
							If Crash <u>Did Not</u> on a Public Way:	Occur
							☐ Off-Street Parking	g Lot
		_					☐ Garage	
							☐ Mall/Shopping C	enter
		_	+-				☐ Other Private Wa	y
		_ _						
	j	j			İ		Indicate North by A	arrow
		_	+-	+-	+			
		_						
)	
Crash Narrative:	'	-			-			
Upon speaking with the ope	rator of M71	thou st	atod thou	word trave	ling one	thound or	Nahanton St. At	+hie
time, they began to retrie								
the center yellow divider					iger 5 5e	ac. mey		
_				+			*******************************	1:
Upon speaking with the ope								
westbound on Nahanton St.	and then that	their ve	enicie was	traveling	j backwar	as; Tney	do not remember t	ne
crash.								
Upon speaking with the ope	erator of MV3,	they sta	ated they	were trave	eling wes	tbound or	Nahanton St. whe	n MV1
crossed over the center ye	ellow divider	lines at	t a high r	ate of spe	ed. They	observe	MV1 crash into MV	2,
pushing it backwards and	to the side.	MV1 then	continued	forward a	and impac	ted MV3.		
(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address					Phone #	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Pho	ne #	34-Type	Description	of Damaged Property	
Truck and Bus Information:	Registration #			(From Veh	icle Section)			35
Carrier Name						Ca	arrier Issuing Authority Coc	
Address			City_				St Zip	
US DOT#:	State Number		Issi	ing State	ICC#:		Interstate	36
37	ss Vehicle Weight	38						
	- L					[39	
Trailer Reg #:	Reg Type	Reg S	State	Reg Year	Tr	aler Length		
Hazmat Information: 40	41							42
Placard Material 1 digit	# Material	Name			_ Material 4	digit #	Release code	
	_							

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1 = Vehicle 1	2 #Vehicle 2	₹ Pedestr	ian	
Crash Diagram:	ie: → 🗌	1 -	2	→ ♀		
Crash Diagram:	ie: →			→ Ŷ 	If Crash Did I on a Public W Off-Street P Garage Mall/Shopp Other Privat Indicate North	arking Lot ing Center te Way
Crash Narrative:						
The operator of MV1 receive	ed a ride from	n their father	r, after sign	ing a pati	ent refusal. Newton Me	edics
transported the operator of	f MV2 to the h	nospital. And	the operator	of MV3 wa	s able to drive their	vehicle
away, after signing a pation	ent refusal. E	Both MV1 and B	MV2 were remo	ved by the	scene by Todys Service	es (NPD
Towed Motor Vehicle Form F	illed). I clea	ared without	further incid	ent.		
Witnesses:		Address			Discuss #	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Propert	v
				,,		•
Truck and Bus Information:	Registration #		(From V	ehicle Section)		
Carrier Name			(11011)	emere section)	Carrier Issuing Authorit	ty Code 35
			G:			
Address						36
	State Number		Issuing State	ICC #:_	Interstate	e 30
Cargo Body Type Code Gros	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length	
Hazmat Information:	<i>5 Jr</i>					
40	41	Nama		Moti-1 4	ligit # D-1-	42
Placard Material 1 digit #	Material	Naille		імацепаі 4 (ligit # Release co	Juc .
CHRISTOPHER G HOWES		3880	4 NE	WTON POLICE DEPARTS	1	1/24/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)