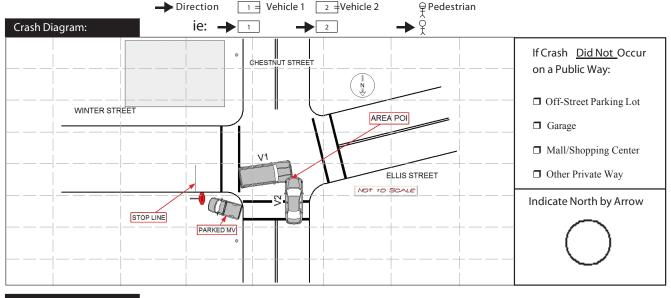
	Poli	ice Use Only		Commo	nweal	th o	of Mass	ach	use	etts			RMV	V Docu	ıment	Number		
	Date of Crash 11/30/2021	Time of Crash 08:57	City/To	own N	Iotor '	Vehi	icle Cr	ash		mber	Numbe		ed Limi tude		Sta Loc	te Police cal Police 3TA Police	□ X ì	
	11/30/2021	08:57 24HR	NEWTON		Poli	ce F	Report		2		1		gitude_		Otl	BTA Police her:		
		AT INTER	SECTION:		< L0	OCAT	ΓΙΟΝ	>			NOT	AT	INTI	ERSE	CTI	ON:	7	
	SOU	TH CHEST!	NUT ST														┝	
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street									_			
	WEST WINTER STREET						Feet NSEW of or Exit Nu								it Number	-		
	Route# Direc		Mile Marker Exit Number Feet NSEW of									\dashv						
			Route# Intersecting Roadway/Street										- -					
2 1	Route# Direct	tion	Name of Interes	ecting Roadway/Stre	nat .	Feet NSEW of												
3	Route# Direc	tion	Name of micro	cting Roadway/Stre									Laı	ndmark			\dashv	
3	XVehicle1	2_#Occupants	Hit/Run	Moped	Case N	umber			210000	00999								
	License#		St M	A DOB/Age		Reg#4	42XG98				Reg Ty	ne PAI	N	Res	g State	MA		
		Class D 18 18	8	19			ear 2019	1/	oh Mo	lco VO				Veh C		20	_	
4			_	Endors	sment									_ ven c	oning.		_	
2	Operator	Last AMARAC ROAD	First	Midd	fle		18 TAMAR	ast AC RD	WONYEOP First Middle							L		
	1			MA occi	64								MA 00464				-	
	City NEWTO		Si	ate MA Zip 0240	64	-	IEWTON		State MA Zip 02							-		
-	Insurance Com					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three									ee)			
5 2	Vehicle Travel	Direction: N	S E X Res	ponding to Emerger	ncy?_N	Event Sequence 1 22 22 22 22 3 4												
	Citation # (If Is	ssued)				Most Harmful Event 1 9 5 11							0 Undercarr 1 Totaled	~				
	Violation	1: ChSec_	Violatio	n 2: ChSec_		Driver Contributing Code 99 24 24												
⁶ 1	Violation	3: ChSec_	Violatio	1 4: ChSec_		Underride/Override 25 Towed Y 8 7 6												
	Please 1	fill out for opera	itor and all occi			26 27 28 29 30 31 32 33 33 34 35 35 35 35 35							M-4:1 F:1	itv				
	Operator	st Wildle)		See Ab											Medical Facility	Ity		
	SEOK, ARIEL	A		TARAMAC RD	_			М	6	4	2 99	0	0	10	1			
			N	EWTON, MA 02464	<u> </u>						- 33				_			
⁷ 2	Please Select C of the Followin		2 <u>1</u> # Occupar	ts Non-Moto	orist A Type	14	4 Action	15 Lo	ocation	1	6 Cond	ition	17	□·	lit/Rur	Мор	oed	
	License#		St C	A DOB/Age	Reg # 1ZJH96				Reg Type PAN					Reg State MA				
	Sex_M Lic. 0	Class C		19	-										Veh Config. 1			
8		FAIETEFGHERIN	_	Endors		Veh Year 2009 Veh Make MERCURY Owner (Same as operator)							_ 1011 C	onng.				
⁸ 2		Last	First	Midd	dle		L	ast			First			Midd	lle		-	
	Address 407 CAMBRIDGE STREET (apt. 1)						SS										-	
	City WORCES		S	ate MA Zip 0161	10					21	1 -	lanes -	_	Coda:	_Zip (Cirola	IIn to TL	-	
	Insurance Com						e Action Prior Sequence 1			1 21 22		ainage	d Area	coue:	(Circle	Up to Thr	(20)	
	l	Vehicle Travel Direction: $\boxed{\mathbf{N} \mathbf{X} \mathbf{E} \mathbf{W}}$ Responding to Emergency? $\underline{\mathbf{N}}$							22	22	22 2		<u> </u>		`	0 Undersor	riage	
	Citation # (If Issued) T1445575						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								inge			
	Violation	n 1: Ch <u>90/26A</u> Se		Driver Contributing Code 99 24 24														
	Violation	n 3: ChSe	ec Violati	on 4: ChSec_		Underr	ride/Override		25 T	owed					6			
			operator and al	l occupants involv	ved		4/505		26 Seat	27 Safety	28 2 Airbag Airb	9 30 Eject	31 Trap		ransp.	Modinal P	ilier	
	Name (Last Fi	Non-Motorist		See Ab			Age/DOB	Sex	Pos.	System 99	Status Swi	tch Cod	le Code 0		Code 2	Medical Faci NEWTON WELLES		
	*											+	+		\dashv		\dashv	
													+		+			
				<u>-</u>														



Crash Narrative:

On Tuesday November 30, 2021 at approx. 0857 hours I responded to the area of Chestnut Street and Ellis

Street for a report of a two motor vehicle crash with unknown injuries.

Upon arrival on scene Medics and Fire personnel were rendering aid to all operators / occupants, due to the location of the crash additional units were requested on scene to divert traffic.

Operator of vehicle one Ms. Kim, stated she stopped at the stop sign. She stated her vision was obstructed with a truck that was parked on the northeast corner of Chestnut Street / Winter Street.. She stated she accelerated forward looking south and north. She stated she was going through the intersection when vehicle two traveling southbound had struck her vehicle.

Operator of vehicle two Mr. Lafaiete-Gheringer stated he was traveling south on Chestnut Street when vehicle

(Continued on next page)

Witnesses:								
Name (Last, First, Middle)	Address			Phone #		Statement		
Property Damage:		-						1
Owner (Last, First, Middle)	Address	Phone # 34-Type Desc				n of Damag		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				35
Carrier Name						Carrier Issui	ing Authority Coo	le
Address		City		St	Zip			
US DOT #:				_ Interstate	36			
Cargo Body Type Code 37 Gross	s Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length	39		
Hazmat Information:								
Placard 40 Material 1 digit #	me		Material 4	digit #		Release code	42	

	→ Direction 1	ı ≡ Vehicle 1 2	y ≠Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →□	1 2	_	₽Ÿ			
						If Crash <u>Did Not O</u> on a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	- — — — — — — 					☐ Mall/Shopping Co	enter
						☐ Other Private War	
			į			Indicate North by A	rrow
Crash Narrative:							
one traveled west from	Winter Street thre	ough the inte	rsection and	struck hi	s vehicle.		
After Medic evaluations	on Ms. Kim and h	er child Arie	la Seok, she	signed pa	tient refus	al's with no re	ported
injuries at this time.							
Mr. Lafaiete-Gheringer	<u></u>	o Newton Well	esley Hospita	l for a m	inor lacera	tion on his hea	d due to
impact, non life threat							
Todys towing of 1354 Wa		rrived on sce	ne and towed	both vehi	cles to the	ir tow lot. Tow	ed
inventory sheets were c							
All parties advised of							
After reviewing the cra		ossible obstru	ections and a	sarer way	for Venicu	iar and pedestr	lan ————
	d on next page)						
W itnesses: Name (Last, First, Middle)		Address			Ph	one #	Statement
Dranarty Damaga							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of I	Damaged Property	
				7.	•		
Truck and Bus Information: Carrier Name	_		-	chicle Section)	Corri	er Issuing Authority Cod	35
Address							36
US DOT #:		38	issuing State	ICC #:_		Interstate	
Cargo Body Type Code	Gross Vehicle Weight					39	
Trailer Reg #: Hazmat Information:	Reg Type	Reg State	Reg Year_	Tr	ailer Length		
Placard 40 Material 1 d	igit # 41 Material N	Name		Material 4	digit #	Release code	42
ROCCO D MARINI		13963	3 NEW	TON POLICE DEPARTS	\	11/30/2	021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

→	Direction 1	Vehicle 1 2	≢Vehicle 2	Pedestr	ian	
Crash Diagram:	ie: 🕕 🛚		□ →	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					☐ Off-Street Parkin	g Lot
			į		☐ Mall/Shopping C	Center
				+	Other Private Wa	
	_	 	_ — — — —	+	Indicate North by A	
					malcate Horarsy,	
		<u> </u>	-			
Crash Narrative: traffic, I am recommending	a stop sign	he placed o	n the southbou	nd lane (Chestnut Street just prior	
Ellis Street.		De placea o			oneschae serece jase prior	
In addition Mr. Lafaiete-Gh	eringer has a	n active regi	stration witho	ut a Mas	sachusetts license with an	1
effective date of August 16	, 2021. He cu	rrently has a	n active Calif	ornia Li	cense, with an California	address.
Therefore I am issuing and	mailing Mr. L	afaiete-Gheri	nger MA citati	on numbe	r T1445575(warning) for	
Chapter 90 Section 26a Fail	ure to notify	registry of	his license ad	dress ch	ange.	
(Continued on	next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information:	Pagistration #		(From Vehi	ala Castian)		
Carrier Name	Registration #		(FIOHI VEHI	,	Carrier Issuing Authority Co	35 de
Address			City		St Zip	
US DOT#:S	State Number		Issuing State	ICC #:_	Interstate	36
Cargo Body Type Code 37 Gross	Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length	
Hazmat Information:					S	
Placard 40 Material 1 digit #	41 Material N	Jame		Material 4 c	ligit # Release code	42

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction	1 =	Vehicle	1	2 #Vehicle 2	'	₽Pedestr	ian		
Crash Diagram:	ie: →	1	_	→ [2	→	Ŷ			
Crash Diagram:	ie: ->		-						If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Crash Narrative:										
Witnesses:										
Name (Last, First, Middle)			Address					1	Phone #	Statement
Property Damage:										
Owner (Last, First, Middle)	Address				Phone #		34-Type	Desci	ription of Damaged Property	
Truck and Bus Information:	Registration #	#			(From	n Vehicl	e Section)		Carrier Issuing Authority Code	35
<u> </u>					City					
Address										36
US DOT#:	State Number				Issuing State		ICC #:_		Interstate	55
Cargo Body Type Code 37	Gross Vehicle Weight		38							
Trailer Reg #:	Reg Type		 Reg St	ate	Reg Ye	ear_	Tra	ailer L	ength 39	
Hazmat Information:	0 //								-	
Placard 40 Material 1 dig	git # 41 Materi	ial Nar	me			1	Material 4 o	digit#	Release code	42
ROCCO D MARINI				1396	53	NEWTON I	POLICE DEPARTS		11/30/20	21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)