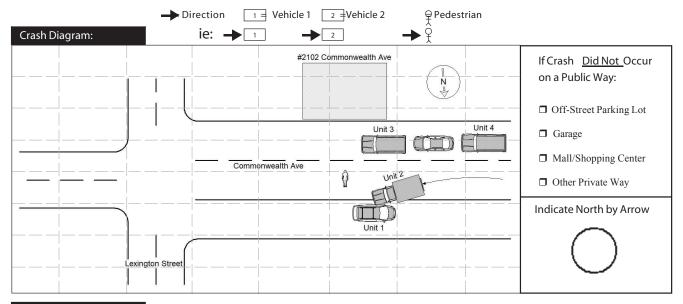
[	Poli	ice Use Only		Commonwea	alth o	of Massa	achu	isetts	5		RM	V Docur	ment Number	
	Date of Crash 12/06/2021	Time of Crash 12:08	City/To	MIOTOI		icle Cra	sh	Number Vehicles	s Inju	ired La	eed Lim		State Police Local Police MBTA Police	XI XI
		24HR				Report		2	1		ngitude		Other:	
		ALINIE	RSECTION:	<	LOCAT	HUN	>		N	OI A	IINI	EKSEC	CTION:	<u> </u>
1						EAST	210		CON	MONV				
1	Route# Direc	tion	Name o	Roadway/Street At	I	Route# Direction Address # Name of Roadway/Street								
				Feet NSEW of Mile Marker Exit Number								-		
	Route# Direc	etion 1	Feet N S E W of											
2			Tibe at title	rsection with	Route# Intersecting Roadway/Street Feet NSEW of									
<sup>2</sup> <b>2</b>	Route# Direc	tion	Name of Interse	ecting Roadway/Street	Feet N S E W of  Landmark									— [-
3 3	XIVehicle1	_1_#Occupants	Hit/Run	Moped Case	None		0.1	0000100						$\Box$
		" Occupanto	_	_ r case	Number		21	10000102						_
	License#	18	St <u>M</u>	19		96DF82				Type P			State MA 20	-
	Sex_F Lic. 0		Lic. Restrictio	CDLEndorsment		ear_2011						_Veh Co	onfig. 2	<u> </u>
$\stackrel{\scriptscriptstyle 4}{1}$	Operator PET	Last INE ST (apt. 3)	MARISA	Middle		PETITTI Las 160 (apt. 3) P	INF ST	CHER	YL	t		Middle		_ [
				MA			IIVE 31					MA	02465	-
	City NEWTO			ate MA Zip 02465		IEWTON	. C 1		21				Zip <u>02465</u> Circle Up to Thr	ree)
5		pany PLYMOU		I' E a N		e Action Prior to		1	22	2	geu Area	Couc. (C	4	(30)
		Direction: N	S E X Res	ponding to Emergency? N	Event Sequence 1 10 Undercarriage									тіаде
	Citation # (If I	/		2. Cl		Harmful Event	1	24	24	1	9		5 11 Totaled	
· 2				1 2: ChSec 1 4: Ch Sec		Contributing Co	ode 25	1	. 1 V	8	V (	)	6	
_			rator and all occu		Underr	ride/Override	Π.	Tow 26 27 Seat Safety		29 Airbag Ej	30 31 ect Trap	32 Injury Tra	33 ansp.	_
	Name (Last Fir		1	Address See Above		Age/DOB	Sex I	Pos. Syster	Airbag Status	Switch Co	de code	Status CC	ode Medical Facil	lity 1
	Operator			See Above				1	4	4 0	0	9 1		
<sup>7</sup> <b>1</b>	Please Select C of the Followi	I X Vehicle	e2 <u>1</u> #Occupar	ts Non-Motorist A Ty	rpe 1	4 Action 1	Loca	ation	16 C	ondition	17	Hi	t/Run Mor	ped
	License#		St M	A DOB/Age	Reg # M72904 Reg Type CON Reg State MA						State MA			
	Sex_M Lic.	Class D 18	Lic. Restrictio	ns 9 CDL	Veh Ye	Veh Year 1996 Veh Make FORD					Veh Config. 2			
1	Operator CAI	RUSO	JUAN	Endorsment C	Owner (Same as operator)								_	
-	Address 28 UI	PHAM ST	First	Middle	Addres	Las			Firs			Middle		_
	City_NEWTO	City_						State	:	Zip	_			
	Insurance Com	Vehicle	e Action Prior to	Crash	7	21	Dama	ged Area	Code: (0	Circle Up to Thi	ree)			
	Vehicle Travel	Event Sequence 1 22 22 22 2 3 4												
	Citation # (If I	ssued) T1448061	Most F	Harmful Event	1 23			1		$\langle     \rangle$	10 Undercar 5 11 Totaled	riage		
	Violatio	n 1: Ch <u>19/143</u> S	Driver Contributing Code 9 24 24											
	Violatio	n 3: ChS	ecViolatio	on 4: ChSec	Underr	ride/Override	25	Towe		<b>Q</b>	7		6	
ſ	Pl Name (Last Fi		r operator and al	l occupants involved		Age/DOB		26 27 Seat Safety Pos. Syste	28 Airbag m Status	29 Airbag Ej Switch C	30 31 Trap ode Code		33 ansp. Code Medical Fac	ility
Ī		Non-Motorist		See Above				3	4	4 0	0	10 1		
Ī														
Ī														



## Crash Narrative:

Witnesses at the scene informed me that MV#1 was traveling west on Commonwealth Ave in the area of #2102 when MV#2, who was traveling east on Commonwealth Ave in the same area crossed the yellow line and crashed into MV#1.

The operator of MV#1 was upset and sitting in MV#1 when I interviewed her and only stated that her left hip hurt. Operator #1 refused medical treatment at that time and wanted to wait for her mother to arrive before making any decisions.

The operator of MV#2 stated that he was traveling east on Commonwealth Ave in the area of #2102 in the left hand lane when a pedestrian appeared in the roadway. According to operator #2, he cut his steering wheel to the left to avoid the pedestrian and struck MV#1.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	18 (apt 1R) SUMMER ST		
ELISHA , PATRICK, A	SALEM,MA		Y
NOTE THAT WANTED	876 WATERTOWN ST		v
MCKENNA , NANCY,	NEWTON,MA 02465		ĭ

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)

Truck and Bus Information:	Registration #	(From Vehi	cle Section)		25
Carrier Name				Carrier Issui	ing Authority Code
Address		City		St	Zip
US DOT #: S	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	S Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

_	Direction	1 = Vel	nicle 1	2 = Vehicle 2	₽ Pedestrian					
Crash Diagram:	ie: <b>→</b> [	1	→[	2	→Ŷ					
				<u> </u> 		If Crash <u>Did Not</u> Occur on a Public Way:				
		_		<u> </u>		Off-Street Parking Lot				
				<u></u>	<u> </u>	Garage				
	į	į			į į	☐ Mall/Shopping Center				
		_		<u> </u>		Other Private Way				
		_			<u> </u>	Indicate North by Arrow				
Crash Narrative:										
No tows and only a minor i	njury to the	operat	or of M	V#1, though	n she did not war	nt to be evaluated by the				
medics. Two independent wi	tnesses to th	e cras	h gave	me similar	r statements that	t operator #2 had driven on the				
wrong side of the road pri	or to the cra	sh and	was op	erating at	a high rate of	speed. Operator #2 cited for				
failure to obey signage.										
Only after I completed thi	s report, was	I not	ified b	y Cheryl Pe	etitti, the mothe	er of Marisa Petitti that				
Marisa was not operating M	IV#1 at the ti	me of	the cra	sh and that	t she may have be	een struck by MV#2. I				
re-interviewed both witnes	ses and they	confir	med tha	t Marisa wa	as in fact the pe	edestrian crossing the street,				
which I did not know, but	they did not	witnes	s her b	eing strucl	k by MV#2 due to	their view being obstructed.				
Cheryl Petitti also states	that she was	conta	cted by	another w	itness, who had	left prior to my arrival, that				
(Continued o	on next page)									
Witnesses:										
Name (Last, First, Middle)		Add	ress			Phone # Statement				
Property Damage:										
Owner (Last, First, Middle)	Address			Phone #	34-Type Des	cription of Damaged Property				
Truck and Bus Information:	Registration #			(Fro	m Vehicle Section)	35				
Carrier Name Carrier Issuing Authority Code										
Address City St Zip										
US DOT #:	State Number	38		Issuing State	e ICC #:	Interstate 36				
Cargo Body Type Code Gro	ss Vehicle Weight	30				20				
						39				
Trailer Reg #:	Reg Type	R	eg State _	Reg Y	ear Trailer I	Length				
Trailer Reg #:	41					Length Release code 42				

NEWTON POLICE DEPARTM

Department

ID/Badge #

Signature

12/06/2021

Date

Precinct/Barracks

GEORGE M CLAFLIN

Police Officer Name (Please Print)

_	Direction	1 = Vehicle 1	2 #Vehicle 2	₹Pedesti	ian	
Crash Diagram:	ie: →_	1 -	2	→ ♀		
Crash Narrative:	ie: →				on a Pub Off-St Garage Mall/S	reet Parking Lot
has information to provide						
At this time I will notify						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
		110000				
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Pr	operty
Truck and Bus Information:  Carrier Name	Registration #_		(Fro	m Vehicle Section)	Carrier Issuing A	uthority Code 35
			City			
Address						Zip
US DOT #:	State Number	38	Issuing State	eICC#:_	Int	terstate
Cargo Body Type Code Gro	ss Vehicle Weight	30				
Trailer Reg #:	Reg Type	Reg State	Reg Y	earTr	ailer Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4	digit#Rele	ease code 42
GEORGE M CLAFLIN				NEWTON POLICE DEPART		12/06/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)