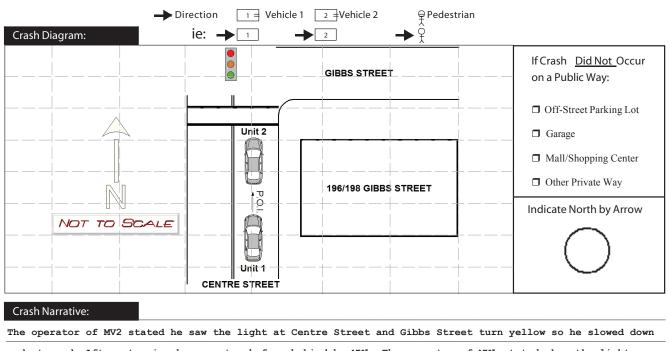
	Poli	ce Use Only		Common	wealth	of Mass	achus	etts			RMV.	Docum	ent Number	
	Date of Crash 12/11/2021	Time of Crash 17:41	City/To NEWTON	wn M	otor Ve	hicle Cra	sh N	I	Number Injured		Limit .		State Police Local Police MBTA Police	□ Xì
	12/11/2021	24HR				Report	2		0		tude		Other:	
		AT INTER	RSECTION:	<	LOC	ATION	>		NOT	AT I	NTE	RSEC	TION:	\dashv
						NORTH	I	C	ENTRE	ST				-
1 4	Route# Direct	ion	Name of	Roadway/Street		Route# Directi	on Addre	ess #		Nam	e of Ro	adway/S	treet	_
	At					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					-			Mile Ma	ırker		`	Exit Number	_
			Also at Inter	section with		Feet	N S W W	l .	Route#	GIBB		ng Roads	way/Street	_
3						Feet	N S E W		reducii	111	terseeth	ng reouc	way/Bucci	
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er	2100	001040						- 1
	License#		St M.	A DOB/Age	D	# 4GF449			D T	. PAN		D C	tate_MA	-
	Sex_F Lic. (18 1	8	19		Year 2018							20	
ļ			Lic. Restriction	ns 1 CDL Endorsm DODGE	ent	ner (Same as ope						ven Con	ng. 1	\ -
3	Address 17 AN	Last JTHONY RD	CAROLINE	Middle		La	st					Middle		- [
	City PEABOD			MA ~ 01060		Address								
	J			ate MA Zip 01960		City State Zip Damaged Area Code: (Circle Up to Three)								
	1	pany PROGRES				icle Action Prior t		2	2 ()	mageu	3	.oue. (C1	•	100)
1				oonding to Emergency		in sequence 1	22 22 23						10 Undercar	riage
		ssued)				t Harmful Event	1	24	24 ① ◀	-	9	:	5 11 Totaled	- Inage
2				2: ChSec		er Contributing C	ode 5				/ ` 7	إللا	5	
2		3: ChSec	Unc	lerride/Override		Towed 1	.N	20	21	22 3	33	_		
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				s	Age/DOB	Sex Pos.	Safety Airl System Sta	bag Airbag itus Switch	30 Eject Code	31 Trap In Code St	32 Jury Tran	sp.	lity
	Operator			See Abov	ve			- 1 4	4	0	0 1	10 1		
7	Please Select O	lno —				14	15	16			17			
1	of the Followir		2 1_#Occupan	ts Non-Motoris	st A Type	Action	Locatio	n	Conditi	ion	17	Hit/	Run Mo	ped
	License# St MA DOB/Age				- Reg	Reg # 5SY282 Reg Type PAN Reg State M					tate MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh	Veh Year 2012 Veh Make INFINITY Veh Config. 1								
	Operator VANGJELI NIKOLIN Endorsment					Owner (Same as operator)								
1	Last First Middle Address 152 BEVERLY RD					Last First Middle Address								
	City WORCESTER State MA Zip 01605					City State Zip								_
	Insurance Company ALLSTATE					Damaged Area Code: (Circle Un to Three)								ree)
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 23 Q								
	Citation # (If Issued)					Most Harmful Event 1 23								rriage
	Violation 1: Ch Sec Violation 2: Ch Sec					Driver Contributing Code 1 24 24 1								
				Underride/Override 25 Towed N 8 7										
	Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					lerride/Override	26 Seat			30 Eject	31 Trap In	32 \ 3	3	\dashv
	Name (Last Fir	st Middle)	operator and an	Addre	SS	Age/DOB	Seat Pos	Safety Airl System St	bag Airbag tatus Switcl	Eject h Code	Trap In	jury Tran Status Coo	sp.	ility
	Operator/1	Non-Motorist		See Abov	/e			- 1 4	4	0	0 1	10 1		



Crash Narrative:							
The operator of MV2 stated	he saw the lig	ght at Centre	Street and Gi	bbs Stree	et turn yello	w so he slowe	d down
and stopped. After stopping	g he was struck	from behind	by MV1. The o	perator c	of MV1 stated	when the lig	ht
turned yellow MV2 slammed	on the brakes a	and when she	tried to stop	she hydro	planed into	MV2. MV1 had	damage
to the front bumper and MVZ	2 had damage to	the rear bu	mper. Neither	party wer	re injured an	d neither veh	icle
were disabled and both part	ties were able	to drive th	eir vehicles f	rom the s	scene.		
Witnesses:							
Name (Last, First, Middle)		Address		Phon	Phone #		
Property Damage:		•					
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dan	naged Property		
T 1 10 10 11							
Truck and Bus Information:	Registration #		(From Vehi	,	0 : 1		35
Carrier Name					Carrier Is	ssuing Authority Coc	e
Address			City		St	Zip	36
US DOT #:	State Number		Issuing State	ICC #:		Interstate	36
Cargo Body Type Code 37 Gros	s Vehicle Weight	38				_	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length	9	
Hazmat Information:						_	
Placard 40 Material 1 digit #	41 Material N	ame		Material 4 d	igit #	Release code	42

KEVIN JOYCE			NEWTON POLICE DEPARTM		12/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date