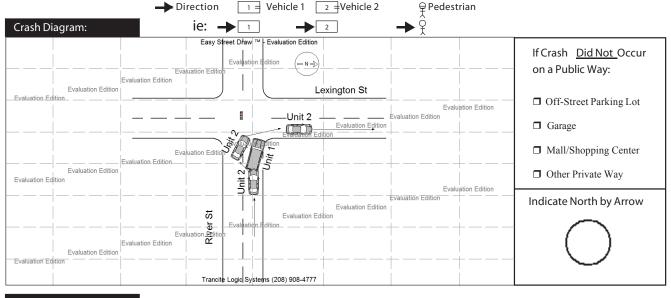
| | Poli | ce Use Only | | Commonwe | alth d | of Mass | achı | uset | ts | | RM | V Docu | ıment | Number | | |
|-----------------------|--|----------------------------------|---|-------------------------------------|--|---------------------|--------|---|-----------|----------|-----------------------------|-----------------------|-------------------|---------------------------------------|--------|--|
| | Date of Crash 12/17/2021 | Time of Crash 12:54 | City/To NEWTON | Motor Motor | · Veh | icle Cra | ash | Numl | | | peed Lim | | Sta Loc | te Police cal Police 3TA Police | N X | |
| | 12/17/2021 | 24HR | | | | Report | | 2 | 0 | | ongitude | | Oth | her: | | |
| | | AT INTER | SECTION: | < | LOCA | TION | > | | N | OT A | T INT | ERSE | CTI | ON: | 2 9 | |
| | WES | Γ LEXING | GTON ST | | | | | | | | | | | | 4 | |
| 1 | Route# Direct | tion | Route# Direction Address # Name of Roadway/Street | | | | | | | et | 2 10 | | | | | |
| | NOR | Feet NSEW of or | | | | | | | | | | | | | | |
| | Route# Direc | tion N | Mile Marker Exit Number | | | | | | | | | | | | | |
| | | | Also at Inte | rsection with | | | | | | | Intersecting Roadway/Street | | | - 11 | | |
| 2 1 | Route# Direct | tion | Feet N S E W of | | | | | | | | | | _ 2 | | | |
| 3 | _ | | Name of Interse | Landmark | | | | | | | | | | | | |
| | X Vehicle1 | 2_#Occupants | X Hit/Run | Moped Case | Number | | 2 | 100001 | 057 | | | | | | | |
| | License# | | St M | | Reg# | 2FVN65 | | | Reg | g Type_I | PAN | Re | g State | | | |
| | Sex_F Lic. 0 | Class D 18 18 | Lic. Restriction | | Veh Year 2020 Veh Make BMW Veh Config. 2 | | | | | | | | | | | |
| ⁴ 3 | Operator WEI | ISS Last | MIKEL | Endorsment | Owner WEISS EVAN MICHAEL | | | | | | | | | | | |
| 3 | Address 20 M | ASON RD | | | | Address 20 MASON RD | | | | | | | | | | |
| | City NEWTO | N | St | ate_MAZip_02459 | City NEWTON State MA Zip 02459 | | | | | | | | | | | |
| | Insurance Com | pany ARBELLA | | | Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three) | | | | | | | | | | | |
| 5 1 | Vehicle Travel | Direction: N | S E X Res | ponding to Emergency? N | Event Sequence 1 22 22 22 22 3 4 | | | | | | | | | | | |
| | Citation # (If Is | ssued) | | | Most 1 | Harmful Event | 1 23 | | 24 | 1 | - 9 | | l _ | 0 Undercarri 1 Totaled | age | |
| 6 | Violation | 1: ChSec | Violation | n 2: ChSec | Driver | Contributing C | | 1 24 | 24 | 8 | | |) 6 | | | |
| ⁶ 1 | | | | 1 4: ChSec | Under | ride/Override | 25 | Тс | wed N | _ | , | I aa I | | | | |
| | Please 1 | fill out for opera st Middle) | ntor and all occu | pants involved Address | Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical | | | | | | | Medical Facilit | y 1 ¹³ | | | |
| | Operator | | | See Above | | | | 1 | 4 | 4 (| 0 | 10 | 1 | | | |
| | WEISS, OLIVIA 20 MASON RD NEWTON, MA 02459 | | | | | F 6 4 4 4 | | | | | 0 0 10 1 | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ⁷ 2 | Please Select C of the Followin | | 2 <u>1</u> #Occupan | ts Non-Motorist A Ty | /pe | 14 Action | 15 Loc | ation | 16 C | ondition | 17 | □ · | Hit/Run | Море | ed | |
| | License# | | St | DOB/Age | Reg# | Reg # 2GWJ67 Reg T | | | | | | Type PAN Reg State MA | | | | |
| | Sex_M_ Lic. 0 | Class 99 18 18 | Lic. Restriction | ns 19 CDLEndorsment | Veh Y | AUG. | | | | | | | onfig. | 1 20 | | |
| ⁸ 1 | Operator OLI | VEIRA DE PAU | Owner DEOLIVEIRA FELIPE | | | | | | | | | | | | | |
| 1 | Address 15 BR | ROWN ST | First | Addre | Address 20 (apt. 208) ABBEY RD | | | | | | | | | | | |
| | City WALTH | AM | City LEOMINSTER State MA Zip 014 | | | | | | | | 453 | | | | | |
| | Insurance Com | pany PROGRES | Vehicl | e Action Prior | o Crash | 1 | 21 | Dama | aged Area | Code: | (Circle | Up to Thre | e) | | | |
| | Vehicle Travel | Direction: N | Event | Event Sequence 1 22 22 22 2 3 4 | | | | | | | | | | | | |
| | Citation # (If Issued) T1447336 Most Harr | | | | | | | ost Harmful Event 1 23 10 Undercarriag | | | | | | | age | |
| | Violation | n 1: Ch <u>90/24/C</u> Se | Driver Contributing Code 5 24 24 | | | | | | | | | | | | | |
| | Violation | n 3: ChSe | ec Violatio | Underride/Override 25 Towed N 8 7 6 | | | | | | | | | | | | |
| | Plo Name (Last Fi | ease fill out for | | 26 27 28 29 30 31 | | | | 32 33 Injury Transp. Status Code Medical Facility | | | itv | | | | | |
| | | Non-Motorist | | Address See Above | | | | 1 | 4 | 4 (| | | 1 | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | + | | - | |



Crash Narrative:

Operator of vehicle 1 was traveling westbound on River St towards Lexington St. Operator states she felt uncomfortable with how close vehicle 2 was behind her while she was driving. Vehicle 1 came to a stop at the red light on River St at Lexington St and was waiting for a pedestrian to cross before turning right onto Lexington St when she was struck from behind by vehicle 2. Vehicle 2 then backed up and drove around vehicle 1 and headed northbound on Lexington St. Operator of vehicle 1 immediately called 911 and followed vehicle 2 approximately 0.7 miles into Waltham where the vehicle stopped on Crescent St @ Brown St in the City of Waltham. Operator of vehicle 2 begged operator 1 not to call the police when at this time Waltham PD arrived on scene and notified us.

After further investigation it was determined that the operator of vehicle 2 did not have a drivers license.

(Continued on next page)

| Witnesses: | | | | | | | | | |
|--|------------------|-----------|-----------------|--------------|----------|-----------------|-------------------|------|--|
| Name (Last, First, Middle) | Address | | | | Phone # | Statement | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Property Damage: | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Descr | iption of Damag | ged Property | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | (From Vehic | cle Section) | | Carrier Issu | ing Authority Coc | e 35 | |
| Address | | | City | | | St | Zip | | |
| US DOT #: | | | _ Issuing State | ICC #:_ | | | Interstate | 36 | |
| Cargo Body Type Code Gross Vehicle Weight 38 | | | | | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tr | ailer Le | | | | |
| Hazmat Information: | | | | | | | | | |
| Placard 40 Material 1 digit # | # 41 Material Na | me | | Material 4 | digit#_ | | Release code | 42 | |
| | | | | | | | | | |

| _ | Direction | 1 = | Vehic | le 1 | 2 #Vehicle 2 | | Pedestr | ian | | |
|-----------------------------|------------------------|---------|---------|---------|--------------|----------|-----------------------------------|---------|--|----------------|
| Crash Diagram: | ie: 🗕 | 1 | | →[| 2 | → | Ŷ | | | |
| Crash Diagram: | ie: → | | | →[[| | | | | If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co | g Lot enter |
| | | | | | | | | | | |
| No one reported any injuri | | | | | | | | ne o | perator of vehicle 2 M | A |
| Citation #T144336 for unl | licensed ope | rati | on and | lfor | leaving the | e sce | ne. | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | - |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Witnesses: | | | | | | | | | | |
| Name (Last, First, Middle) | | | Address | s | | | | | Phone # | Statement |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Property Damage: | | | | | | | | | | |
| Owner (Last, First, Middle) | Address | | | | Phone # | | 34-Type | Desc | ription of Damaged Property | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Truck and Bus Information: | Registration | # | | | (F | om Vehi | cle Section) | | | |
| Carrier Name | (From Vehicle Section) | | | | | | Carrier Issuing Authority Code 35 | | | |
| | | | | | a. | | | | | |
| Address | | | | | _ City | | | | St Zip | 36 |
| US DOT #: | _State Number | | | | Issuing Sta | ite | ICC #:_ | | Interstate | 30 |
| Cargo Body Type Code 37 Gro | oss Vehicle Weight | | 38 | | | | | | | |
| | | | D | State | n. | Voor | T | nilar T | angth 39 | |
| Trailer Reg #: | Keg Type | | кед | state _ | кед | ı ear | 1ra | aner L | engui | |
| Hazmat Information: 40 | 41 | | | | | | | | | 42 |
| Placard Material 1 digit | # Mate | rial Na | me | | | | Material 4 | digit# | Release code | 12 |
| | | | | | | | | | | |
| MICHAEL ANTHONY IAROSSI | | | | | | | N POLICE DEPART! | | 12/17/20 | |

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)