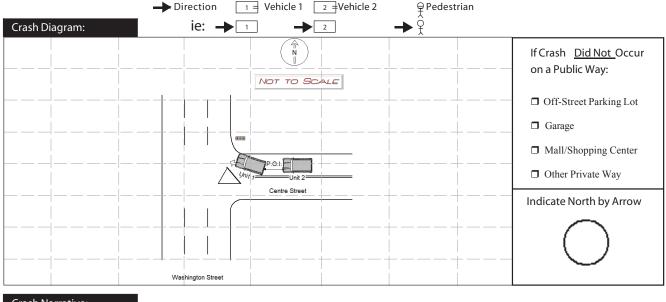
	Poli	ice Use Only		Commonwea	lth o	of Mass	achu	isetts	S		RM	V Docui	ment Number	
	Date of Crash 01/16/2022	Time of Crash 16:50	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles		red Lat	eed Limitude _		State Police Local Police MBTA Police Other:	, X
		AT INTER	RSECTION:		LOCAT		>						CTION:	
	EACT													2
1	Route# EAST		Name of	Roadway/Street	j	Route# Direction	on Ad	dress #		N	ame of I	Roadway	/Street	2
4	At NORTH CENTRE ST												2	
	Route# Direction				Feet N S E W of or Exit Number								_	
	Also at Intersection with				Feet NSEW of Route# Intersecting Roadway/Street									_
2 1			NY CY (· D 1 (G)	Feet NSEW of									2
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								
	XVehicle1 2_#Occupants ☐ Hit/Run ☐ Moped Case N						22	2000049						
	License#		St_M		Reg#	2DVX87			Reg	Type_PA	N	Reg	State MA	
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2005 Veh Make HONDA Veh Config. 2 20									
⁴ 5	Operator GEI	Last	DANIEL	Endorsment		GELIN	st	MAR	E First		Y	OLETTE		$ 1^1$
3	Address 197 R	IVERSIDE AVE	E		Address 197 RIVERSIDE AVE									_
	City MEDFOI			ate_MA Zip_02155	City MEDFORD State MA Zip 02155									_
[Insurance Company ARBELLA MUTUAL INS				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									ree)
5 1	Vehicle Travel	Direction:	S E W Res	oonding to Emergency? N	Event Sequence 1 22 22 22 22 2 2 3 4 10 Undercarriage									rringo
	`	ssued)				Harmful Event	1	24	24	1 👉	9		5 11 Totaled	Tiage
⁶ 1	1			2: ChSec		Contributing C	ode 25	<u> </u>		8	7		<i>)</i> 6	
1	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y Towed Y 26 27 28 29 30 31 32 33 Age/DOB Seat Safety Airbag Airbag Eiget Tara Injury Torab. Dos Service Struck Eight Struck Eight Code Toda Struck Torab.								1
	Name (Last First Middle) Address				rigorpos sex 103. System status switch code code status code interiority							1 1		
	Operator		33	See Above 7 WASHINGTON ST (apt 5)				1		4 0	0	99 2		
	PETTIFORD,	PETTIFORD, SHAREE, L NEWTON, MA 02458					F 3	3 1	4	4 0	0	99 2	!	
⁷ 5	Please Select C of the Followi	IX Vehicle	≥2 <u>1</u> #Occupan	ts Non-Motorist A Typ	pe 1	4 Action	Loca	ation	16 Co	ndition	17	□н	it/Run Mo	ped
	License# St MA DOB/Age				Reg # EV14AF Reg Type PAS Reg State MA						State MA	_		
	Sex_F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2022 Veh Make AUDI Veh Config. 2									
8 4	Operator CODEGA KATHERINE Last First Middle				Owner Game as operator) Last First Middle									_
	Address 84 ROBBINS RD					Address								_
	City WATERTOWN State MA Zip 02472				CityStateZip								_	
	Insurance Company AMICA MUTUAL INS				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 22 22 22 22 2 2 3 4 10 Undercarriage							rriage		
	Citation # (If Issued)				Most Harmful Event 1 9 5 11 Totaled									
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 5									
		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				Underride/Override Towed N								
	Name (Last Fi	rst Middle)	operator and al	Address		Age/DOB		26 Seat Safety Pos. Syste	Airbag A	irbag Eje Switch Co	0 31 ct Trap ode Code	Injury I'r	ansp. Code Medical Fac	ility
	Operator/	Non-Motorist		See Above				1	4	4 0	0	10 1		
											-			



Crash Narrative:

The operator of MV1 stated he was traveling on Centre Street, North bound, when he stopped while entering Washington Street due to on coming traffic. When he stopped at the intersection of Centre Street and Washington Street, MV2 struck the rear of his vehicle. The operator of MV2 stated she was traveling North bound on Centre Street, approaching Washington Street. The light was green and MV1 began to yield on to Washington Street when MV1 stopped. The operator of MV2 then struck the rear of MV1 with her front driver side bumper.

When I approached MV1, I did not observe any damage to the MV. I spoke with the driver and passenger. Both parties stated they were injured. When I asked what was injured they stated "everything". I then asked for the drivers license and registration. He handed me his license without any sign of pain. I requested two

(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 Cod	e 35
Address			City			St	Zip	
US DOT #:			_ Issuing State	ICC #:_			Interstate	36
Cargo Body Type Code Gros	ss Vehicle Weight	38				39		
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	yehicle 1 2	⊻ ≢Vehicle 2	Pedestria	an	
Crash Diagram:	ie: → 🗆	2	□ →	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
				+	Other Private Wa	y
		 		+	Indicate North by A	Arrow
			+-	+		
Crash Narrative:						
ambulances for the driver	and passenger.	When I retu	rned to give	the operat	or his license back, he s	tated he
was unable to raise his a						
assistance by the medics.	Due to both p	arties reques	ting to be tra	ansported,	Tody's responded. The o	perator
of the towed vehicle would	d not provide To	ody's with th	e key to the	vehicle.	Dave, was still able to t	ow the
vehicle and he secured the	e doors prior to	o transportin	g the vehicle	. Inside	the vehicle their was num	erous
blankets, clothing and DV	D's. A black c	ell phone was	left in the 0	Centre con	sole.	
The operator of MV2 was no	ot injured and	I observed ve	ry minor damag	ge to the	driver side bumper.	
I checked MV1 again for a	ny damage to the	e rear bumper	and did not	observe an	y damage.	
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Traine (East, First, Middle)		ridatess			Thore ii	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
owner (East, First, Middle)	Address		THORE #	31196	Description of Damagea Froperty	
Truck and Bus Information:				icle Section)		35
Carrier Name					Carrier Issuing Authority Coo	de
Address						36
US DOT #: Cargo Body Type Code 37 Gro	oss Vehicle Weight	38	issuing state	ICC#:	Interstate	
		Pag State	D V	T	ilor Longth	
Trailer Reg #:Hazmat Information:	кед Гуре	Keg State	Keg Year	Trai	Her Length	
Placard 40 Material 1 digit	# 41 Material N	Jame		_ Material 4 di	igit # Release code	42
SEAN STAKE			NEWD	ON POLICE DEPARTA	01/16/2	0022

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)