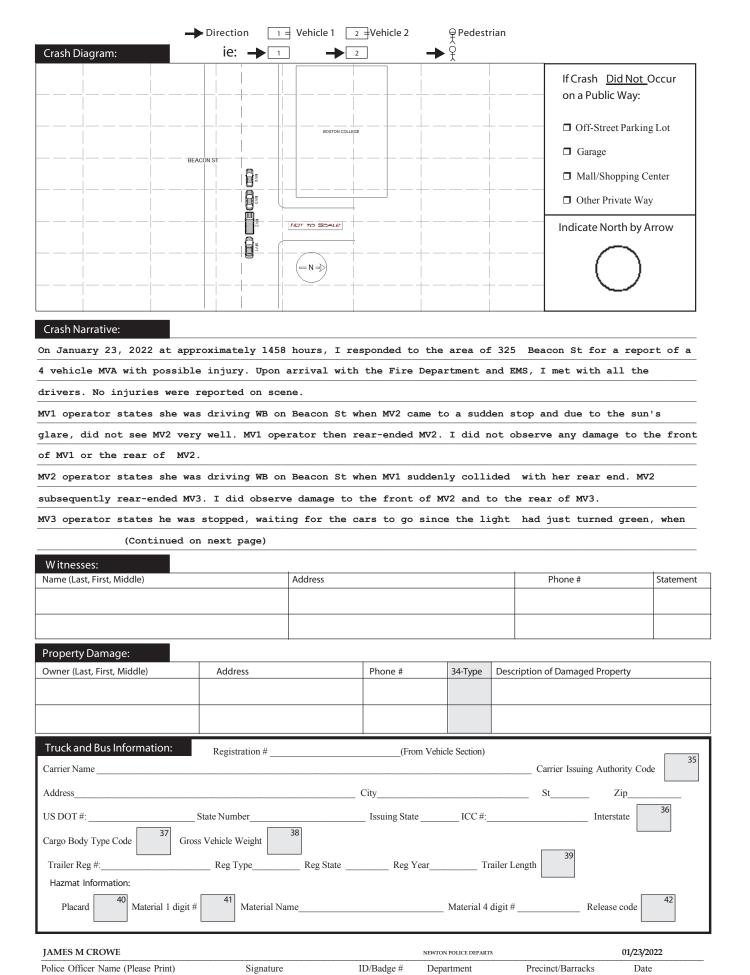
	Poli	ice Use Only		Comm	onwealt	th o	f Mass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash 01/23/2022	Time of Cras 14:58 24H	NEWTON	own	Motor V Polic		cle Cra Report	sh		mber nicles	Numi Injur	ed Lat	ed Lim itude _ ngitude_		St Lo M O	tate Police ocal Police IBTA Police ther:	NAI O
			ERSECTION:			CAT	_	>					INT		ECT	ION:	┱
							WEST	3	25		BEAC	ON ST					<u> </u>
1 [	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street									eet		
				At			Feet	N S I	E W c	of –			•	or			F
	Route# Direc	etion		ing Roadway/Stree	et	_ -	Feet	vi e i	- <b>I</b> w/ -		Mile	Marker			E	xit Number	-
			Also at Int	ersection with		-					Rout	e#	Intersec	ting Ro	oadwa	y/Street	$\vdash$
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of											_   2
3 Physica 4 100 - Dayin Day						_							La	Humark			7
	Venicie	#Occupan			Case IVa				220000	063							4
	License#	18	St 18	19		Reg # <u>1</u>						Type PA		Re	eg Stat	e MA 20	
	Sex_F_ Lic.		Lic. Restriction		lorsment		2010	V				LEK		_Veh (	Config	2	
1	Operator PAS	Last	JESSICA First EALTH AVE (apt.	31)			PASZKO  La: 23 BURNSII			ALTE	First			Mid	dle		
	Address 1999 City BOSTON		S				ERRIMAC	Z LIV					State	MA	<b></b>	01860	
	Insurance Com			tateZip_o			Action Prior to	Crael	h [	21						le Up to Thre	e)
	Vehicle Travel			sponding to Emer					22	22	22	2	3		4	•	
	Citation # (If I	_	,   5   2   <b>X</b>	sponding to Emer			armful Event	1 2	23							10 Undercarria	age
	`	/	Sec Violatio	on 2: ChSe			Contributing C	Г	13 2	4	24	<b>—</b>	9		5	11 Totaled	
1	Violation 3: ChSecViolation 4: ChSec						Underride/Override 25 Towed N 6										
			erator and all occ				4 /DOD	Sex	26 Seat	27 Safety	28 Airbag A	29 3 irbag Eje	0 31	32 Injury	33 Fransp.	M F IF TO	, 1
	Name (Last Fir	st Middle)			Above		Age/DOB					vitch Coo	le Code	\$tatus 10	Code 1	NONE	-
																	-
1	Please Select C of the Followi	IX Vahid	cle2 1_#Occupa	nts Non-Mo	otorist A Type	14	Action	15 Lc	ecation	1	6 Cor	ndition	17		Hit/Ru	ın Mope	ed
	License#		St <sup>N</sup>	MA DOB/Age		Reg#8	NT689				Reg	Гуре РА	N	Re	eg Stat	e MA	7
	Sex_F Lic.	18	18 Lic. Restriction	ons 1 CD		Veh Yea		v	eh Ma	ke_CH		J1			Config	20	
1	Operator DES	SOUZA-MIRA	ND MARIA	A	lorsment	Owner _	(Same as ope	rator)			First			Mid	41.		
_	Address 9 SH		K LN (apt. 17)			Address	La:				rirst			MIG			
	City MILFOR	D	S	tate MA Zip 0	1757	City							State		_Zip_		
	Insurance Com	pany GEICO				Vehicle	Action Prior to	o Crasl	h	1 21		Damag	ed Area	Code:	(Circl	le Up to Three	e)
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$					Event Sequence 23 4 10 Undercarriage											
	Citation # (If I	ssued)				Most H	armful Event	1 2	23	<b>A</b>		•	9	$\left( \ \right)$		11 Totaled	ige
	Violatio	n 1: Ch	Sec Violat	ion 2: ChS	ec	Driver (	Contributing C	L	99	4	24	3	/ /	$\mathcal{L}$	) 6		
						Underri	de/Override	<u> </u>	1	owed			0   31	32	33		_
	Name (Last Fi	rst Middle)	or operator and a		Address		Age/DOB	Sex		27 Safety 2 System	28 Airbag A Status S	29 Eje witch Co	0 31 Ct Trap ode Code	Injury Status	Transp. Code	Medical Facili	ty
	Operator/	Non-Motorist	i l	See A	Above					99	4 9	9 0	0	10	1	NONE	
												_	-				

Pol Date of Crash	Time of Crasl	h City/T	Common				Setts Number		r Snee	RMV ed Limi		nent Number State Police	
01/23/2022	14:58	NEWTON	IV10		nicle Cra Danast	isn	Vehicles	Injured	Latit	tude _		State Police Local Police MBTA Police	e 🔼
	24HI	RSECTION:	<	LOCA	Report	>	4	0		gitude_		Other:	
	ATINIE	RSECTION:		LUCA	IION			NU	AI	11/11	LKSEC	JION:	
 			CD 1 (G)							0.7		10.	
Route# Direc	tion	f Roadway/Street At	Route# Direction Address# Name of Roadway/St						Street				
					Feet	N S E V	<b>V</b> of	Mile N	• Aarker		or	Exit Number	
Route# Direc	etion		ng Roadway/Street		Feet	N S E V	W of						
1					Feet	N S E V	V of	Route	- I	Intersec	ting Roa	dway/Street	_
Route# Direc	tion	Name of Inters		Landmark									
XVehicle 3	_1_#Occupant	s Hit/Rur	Moped	Case Number		22(	000063						
J		St N	IA DOD/A ======		9НЈ757			р. т	PAI	N	D	Sect. MA	
License # Sex_M Lic.	18	18	19		/ear_2010	37.1	TO	_ Reg Ty OYOTA			Keg Veh Co	State MA	Г
Operator KIR	-	Lic. Restriction  MICHAEL	ns 1 CDL Endorsmen	nt			AMAN				_ ven Co	niig. 1	1
	ALNUT ST (ap	First	Middle		NELSON La SSS 538 WELD S	st T		First			Middle		_
City DEDHA			tate MA Zip 02026		W ROXBURY					State	MA	Zip	_
'	прапу СОММЕ		K		le Action Prior t	o Crash	2					Circle Up to Th	
1	Direction: N		ponding to Emergency?	N Event	Sequence 1	22 22	22	<b>22</b> 2		3		4	
Citation # (If I	ssued)			Most	Harmful Event	1 23			_	9	┤ `	10 Undercar	rriage
Violation	1: ChS	ec Violatio	n 2: ChSec	_ Drive	r Contributing C	ode 9	9 24	24		ZÍ			
Violation	3: ChS	ec Violatio	n 4: ChSec	Unde	rride/Override	25	Towe	d_N8		7		6	
Please Name (Last Fin		rator and all occ	upants involved		Age/DOB	Sex Se	26 27 eat Safety os. System	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	31 Trap Code	32 Injury Tra Status Co	33 insp. ode Medical Faci	ility
Operator			See Above	;			99	4 99	0	0	10 1	NIONIE	
Please Select ( of the Followi	I X I Vahic	le4 1_#Occupa	Non-Motorist	A Type	14 Action	15 Locat	ion	16 Cond	ition	17	☐ Hi	t/Run Mo	ped
License#		StN		Reg#	9307VW			Reg Ty	pe_PAI	N	Reg	State_MA	
Sex_F_ Lic.	Class D 18	Lic. Restriction			Year_2001	Veh	Make_LI	EXUS			Veh Co	nfig. 20	
Operator BH.	Last	SNEHAL	Endorsmen		(Same as ope	erator)		First			Middle		_
Address <u>1501</u>	BEACON ST (a	apt. 1705)		Addre	ess								_
City BROOK			tate MA Zip 02446	City_						_State		Zip	_
Insurance Com	npany FARMER	RS		Vehic	le Action Prior t		2		amage		Code: (0	Circle Up to Th	ree)
Vehicle Travel	Direction: N	S E X	esponding to Emergency?	?N Event	Sequence 1	22 22 23	22	22 2		3		4 10 Underca	rriage
Citation # (If I	/				Harmful Event	1	24	24	<b>←</b>	9		(a) 11 Totaled	
l .			on 2: ChSec		r Contributing C	ode 9:	9			7		6	
		Sec Violati	on 4: ChSec	Unde	rride/Override		Towed	[_N_	9   30	31	] 32	33	
Name (Last F	irst Middle)		Address		Age/DOB		os. System	n Status Sw		Trap le Code	Injury Tra Status C	nsp. ode Medical Fac	cility
Operator/	Non-Motorist		See Above	:		-	99	4 99	0	0	10 1	NONE	



-	Direction 1	■ Vehicle 1 2	vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	<b>→</b> 2	→	<b>₽</b>			
					I	rash <u>Did Not</u> ( a Public Way:	Occur
		<u></u>				Off-Street Parking	g Lot
						Garage	
	İ	į į	İ	į		Mall/Shopping Ce	enter
				+		Other Private Way	
		+				icate North by A	
						( )	
Crash Narrative:							
he was suddenly rear-ended and the rear of MV4.	d by MV2. MV3 st	ubsequently r	rear-ended MV4.	. I did o	bserve damage	to the front	of MV3
MV4 operator states she wa	as stopped in t	raffic when s	the was sudden	ly rear-e	nded by MV3		
No vehicles were towed. No			are was saddens	Ty rear c	naca by 1175.		
	o creations were						
\\\';\							
W itnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:	T			217	5 1 1 65		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			25
Carrier Name					Carrier Iss	uing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gro	oss Vehicle Weight	38					
Trailer Reg #:		Reg State	Reg Vear	Tra	ailer Length		
Hazmat Information:		105 5440	105 1001	116	20115111		
Placard 40 Material 1 digit							
Placard Material 1 digit	# 41 Material N	Jame		_ Material 4 o	ligit #	_ Release code	42

CDP1 11 ·24·00

Police Officer Name (Please Print)