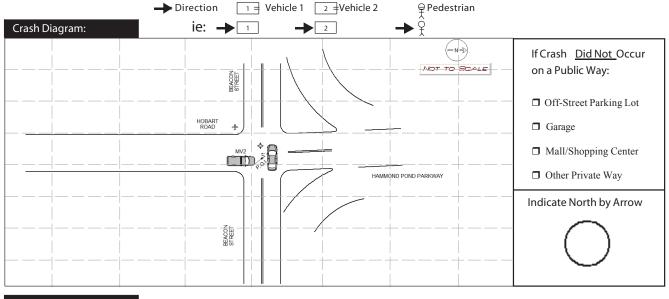
	Poli	ce Use Only		Common	wealth	of M	assa	chu	sett	S		RM	V Docu	ıment Nı	ımber	
	Date of Crash 02/01/2022	Time of Crash 17:18	City/T	own Mo	otor Ve			sh	Numbe		ired L	peed Lim atitude _		State Local MBT	Police Police A Police	XI
		24HR	an anna		Police				2	0		ongitude		Other	:	_
		ATINTER	RSECTION:	<	LOC	ATION	>	>		N	OT A	T INT	ERSE	CHO	N:	2
	EAST	BEACO	N ST													
$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$	Route# Direc	tion	Name o	f Roadway/Street		Route#	Direction	n Ado	dress #			Name of	Roadway	y/Street		_ 2 10
	SOU	ГН НАММ	IOND POND PI	At CWY			Feet N	SE	w of			•	or			<u>-</u>
	Route# Direc	tion N	Name of Intersecti	ng Roadway/Street		-				M	ile Mark	er		Exit N	Jumber	_
			Also at Inte	rsection with			Feet N	SE	W of	Ro	ute#	Interse	cting Ro	adway/St	reet	
4							Feet N	SE	W of				0	,		3 11
	Route# Direc	tion	Name of Inters	ecting Roadway/Street								La	ndmark			
3	XVehicle1	1_#Occupants	Hit/Run	Moped	Case Numb	er		22	000092							
	License#		St M	IA DOB/Age	- Pag	# MP495B				D _o	g Type I	MVN	Pag	g State_M	A	-
	Sex_M Lic.	D 18 1	8	19		Year 2018		37.1	N (1		g rype_				20	
4			Lic. Restrictio	ns CDL Endorsme	ant								_Veh C	onng.	1	12
3	Operator JELI	Last COMMONWEA	First	Middle		ner NEWT				Firs	t		Midd	le		1 12
				MA				.0101					MA	024		
	City NEWTO			tate MA Zip 02459	-	NEWTON				21		State			p to Three	<i>a)</i>
5	1	pany SELF INSU				icle Action	2		9 22	21	Dama 2	ageu Area 2	code: ((Circle U	p to 1 mree	7)
1	Vehicle Travel	Direction: N	S X W Res	ponding to Emergency	?Y Eve	nt Sequence	1 2	23	22	22				`	Jndercarria	
	Citation # (If I	· · · · · · · · · · · · · · · · · · ·				st Harmful I	event	1 23	24	24	1	-]	1	5 11		ige
6	Violation	1: ChSec	Violatio	n 2: ChSec	Driv	er Contribu	ting Co		24	24	0		Y	6		
⁶ 2				n 4: ChSec	Und	lerride/Over	ride	25		ved Y	-					
	Please to Name (Last Fir		ator and all occi	upants involved Address		Age/I	ООВ		26 2 eat Safet os. \$yste	7 28 y Airbag m Status	29 Airbag E Switch C	30 31 Eject Trap Code Code	Injury T	ransp. Code Me	dical Facility	1^{13}
	Operator	,		See Abov					1	2		0			TON WELLESL	\neg —
																_
7																
8	Please Select C of the Followi		2 <u>1</u> #Occupar	nts Non-Motoris	t A Type	14 Action	15	Loca	tion	16 C	ondition	17	Пн	lit/Run	Море	ed
			St C	T DOD//	- D	# V90344					g Type (CON	D	G M	[Δ	-
	License#	n 18 1	8	19							g Type_			g State M	20	
o	Sex_M_ Lic.		Lic. Restrictio	Endorsme	ent	Year 2021	TE ACC		Make_				_Veh C	onfig.	2	
⁸ 1	Operator DEOLVEIRA-PAESNI SENILTON D Owner VEHICLE ASSET UNI Last First Middle Last First Middle															
	Address 6A MYRTLE AVE (apt. FL3) City DANBURY State CT Zip 06810					Address 9401 (apt. 140) JAMES AVE										
						City BLOOMIGTON State MN Zip 55431										
Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Company On the second									p to Three	*)						
Vehicle Travel Direction: NXEW Responding to Emergency? N Event Seque						Event Sequence 22 22 22 22 21 10 Undercarriage							age			
	Citation # (If Issued) Most Harmful Event 1 5 11 Totaled							igc								
							19 24 24									
	Violatio	n 3: ChSe	ecViolati	on 4: ChSec	Und	lerride/Over	ride	25		ed Y	8	7		6		
	Pl Name (Last Fi		operator and al	l occupants involved		Δαα	DOB	Sex 1	26 2 eat Safet Pos. Sys	7 28 y Airbag tem Statu	29 Airbag Switch	30 31 Eject Trap Code Code		ransp. Code M	edical Facilit	tv
		Non-Motorist		See Abov					1	4		0 0		1	carear r acilli	-
																_
						1					1 1					



Crash Narrative:

Operator of MV1 (N-495) stated he was responding to Beacon St. at Tutor Rd. with lights and sirens activated to back up another Officer on a motor vehicle stop. Operator of MV1 further stated he proceeded Eastbound on Beacon St. and bypassed three vehicles stopped at the intersection of Beacon St. at Hammond pond parkway. Operator of MV1 then stated he came to a stop at a red light at the intersection, looked left and observed vehicles stopped, looked right and observed vehicles stopped, then checked his left side once again, proceeded and was struck by MV2 in the middle of the intersection.

Operator of MV2 stated he was traveling Southbound on Hobart Rd. in the far right lane with a green light, attempted to proceed through the intersection, however did not see MV1 and collided into his vehicle. Operator of MV1 was transported to Newton Wellesley Hospital for an evaluation. Operator of MV2 did not

(Continued	on next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name					Carrier Iss	suing Authority Coo	35 de
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	ICC#:		Interstate	36
37		38					
	ross Vehicle Weight				39		
Trailer Reg #:	Reg Type	Reg State _	Reg Year	Tr	railer Length		
Hazmat Information:							
Placard 40 Material 1 digi	it # 41 Material Nan	ne		Material 4	digit #	_ Release code	42

JUSTIN MARCH			NEWTON POLICE DEPARTM	02/01/2022	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction	ı ≡ Vehicle 1	2 =Vehicle 2	Pedestrian	
Crash Diagram:	ie: →□	→ [2	₽ Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					☐ Garage
į					☐ Mall/Shopping Center
		-	 		☐ Other Private Way
		<u> </u>			Indicate North by Arrow
Crash Narrative:					
					vy drivers side damage with
both side air bags deploye					
Tody's service on scene. A					
the towed motor vehicle fovehicles along with the in				ten on scene by so	gt. Fleming of both
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:		-		,	'
Owner (Last, First, Middle)	Address		Phone #	34-Type Descriptio	n of Damaged Property
Truck and Bus Information:	Registration #		(From Ve	chicle Section)	25
Carrier Name					Carrier Issuing Authority Code 35
Address			_ City		
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Length	39
Hazmat Information:					
Placard 40 Material 1 digit #	Material 1	Name		Material 4 digit #	Release code 42
JUSTIN MARCH			NEW	TON POLICE DEPARTM	02/01/2022
Police Officer Name (Please Print)	Signatur	e			ecinct/Barracks Date