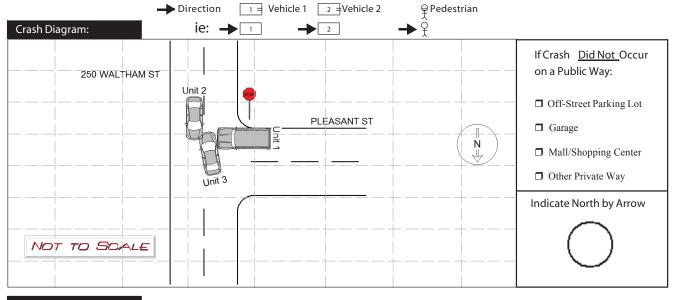
	Poli	ce Use Only		Commonwea	lth o	of Massa	achu	isetts	5		RM	V Docu	ment Number		
	Date of Crash 02/04/2022	Time of Crash	City/To	wn Motor	Veh	icle Cra	sh [Number			ed Lim		State Police Local Police MBTA Police	D Xi	
	02/04/2022	13:25 24HR	NEWTON	Po	lice 1	Report		3	1	124	ngitude_		Other:	e 🔲	
		AT INTER	RSECTION:	<]	LOCA	ΓΙΟΝ	>		N(T AT	INT	ERSE	CTION:		9
	SOU	ΓΗ WALTH	HAM ST											2	
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direct	tion	Name of	Roadway/Street		Route# Direction	on Ad	dress #		N	ame of I	Roadway	//Street		10
	At EAST PLEASANT ST					Feet NSEW of or									
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number									
			Also at Inters	<u> </u>		Feet	N S E	W of	Rout	e#	Intersec	ting Ros	adway/Street	_	
5						Route# Intersecting Roadway/Street Feet N S E W of									11
	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	XVehicle1	1_#Occupants	Hit/Run	☐ Moped Case	Number		22	2000108							
	T :		St MA	DOD/4 =================================	D //	7PPK70			D	т. РА	N	D	Gus MA		
	License #	18 18 18 18 18 18 18 18 18 18 18 18 18 1	8	19				N		Гуре_РА			State MA	_	
4	Sex_M Lic. (Lic. Restriction MINGZONG	Endorsment		ear 2017						_Veh Co	onfig. 2	' -	12
⁴ 2	Operator ZOU Address 37 UF	Last PHAM ST	First	Middle		HOME VIEW Las SS 37 UPHAM S	rt.	-	First			Middl	e	_ 1	12
			~:	MA 7: 02465		NEWTON					C:	MA	Zip 02465	-	
	City NEWTON State MA Zip 02465						- C 1		21					ree)	
5	Insurance Company PILGRIM Vehicle Travel Direction: N S X W Responding to Emergency? N				2 22 22 22 23 2 3 4										
			S K W Resp	onding to Emergency? N		sequence 1	23				\bigcap	\overline{A}	10 Underca	rriage	
	Citation # (If Is	·		2 (1 (Harmful Event	1	24	24	1 👉	9		5 11 Totaled		
⁶ 4				2: ChSec		Contributing Co	ode 1	19		9	7		<i>)</i> 6		
4	Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Z5 Towed N 26 27 28 29 30 31 32 33 33 34 32 53 45 55 55 55 55 55 55 55 55 55 55 55 55								13	
	Name (Last Fir		ator and an occu	Address	Age/DOB Sex Safety Airbag Airbag Eject Trap Injury Transp. Sex Pos. System Status Switch Code Code Status Code Medical Facility							1			
	Operator			See Above				1	4	4 0	0	10 1	1		
⁷ 3	Please Select C of the Followii	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	Action 1	Loca	ation	16 Co	ndition	17	Пн	lit/Run	ped	
	License# St MA DOB/Age				Reg#	Reg # 1VTH63 Reg Type PAN Reg State						State_MA			
	Sex_M Lic. Class D 18 18 Lic. Restrictions 1 CDL					ear 2009	Veh Make HONDA Veh Config. 1								
⁸ 2	Operator CHATOUANI ANASSE Endorsment					Owner FAIQ MARIAM									
2	Address 585 MAIN ST (apt. 107)					Address 585 (apt. 107) MAIN ST									
	City MELROSE State MA Zip 02176					City MELROSE State MA Zip 02176									
	Insurance Company GEICO					Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								nree)	
	Vehicle Travel Direction: X S E W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If Issued)				Most Harmful Event 1 23							rriage			
	· · · · · · · · · · · · · · · · · · ·				Driver Contributing Code 1 24 24 5 11 Totaled										
	Violation 3: Ch Sec Violation 4: Ch Sec					Underride/Override Z5 Towed Y 6									
				occupants involved			,	26 27 Seat Safety		29 3 irbag Eje	0 31 ct Trap	32 Injury Tr	33 ransp.		
	Name (Last Fi	rst Middle) Non-Motorist	1	Address See Above		Age/DOB	Sex	Pos. Syste	m Status S	Switch Co	ode Code		Code Medical Fa		
	Орегатог/	1 1011-1410101131		See Addre				1	1	1 0	U	7 2	Z NEWTON WELL		
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				· · · · · · · · · · · · · · · · · · ·											

Pol Date of Crash	Time of Crash	n City/Town	Commonwea Motor		i Massa cle Cra		Setts Number	Number		RMV d Limit		State Police	
02/04/2022	13:25	NEWTON	MIOTOI		cie Cra Report	l v	ehicles	Injured	Latitu	ude itude_		State Police Local Police MBTA Police Other:	e 🛣 ce 🗖
	24HR	RSECTION:		LOCAT		>	3	1 NOT				CTION:	
	THE HALL	MSECTION:						1,01	711		MOLC	7110111	
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100000		At											
Route# Direc	vtion 1	Name of Intersecting	Poodway/Street	L	Feet N	N S E W	of –	Mile M	arker	(or	Exit Number	r
- Routen Bires	otion 1	Also at Intersec		-	Feet N	SEW	of	Route#		atargagi	ing Dood	lway/Street	
					Feet [N	SEW	of	Route	11	iter see	ilig Koac	iway/Birect	
Route# Direc	tion	Name of Intersecti	ng Roadway/Street							Lan	ıdmark		
XVehicle 3	#Occupants	s Hit/Run	Moped Case 1	Number		2200	00108						
License#		St MA	DOB/Age	Reg#2	63LT2			Reg Typ	e PAN	1	Reg	State MA	
Sex_M Lic.	Class D 18	Lic. Restrictions	1 CDL	Veh Ye	ar_1997	Veh N	lake_TO	YOTA			Veh Cor	nfig. 20	0
Operator CA	Last	JOSEPH	D Endorsment Middle	Owner .	(Same as oper	ator)		First			Middle		
Address 72 Co	ONRAD RD				S								
City MARLBO	OROUGH	State	MA Zip 01752	City						_State_	Z	Zip	
Insurance Com	npany PLYMOU	TH		Vehicle	Action Prior to	Crash	1 21		amaged	l Area		Circle Up to T	hree)
Vehicle Travel	Direction: N	X E W Respon	nding to Emergency?_N	Event S	Sequence 1 2		22	22 0		3		4	
`	ssued)			Most H	armful Event	1 23	20	0	←	9	$(\mid \mid \mid$	10 Underca 5 11 Totaled	_
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Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved				Underri	de/Override	25	Towed	<u> </u>		/			
Please Name (Last Fir		ator and all occupa	ints involved Address		Age/DOB	Sex Pos.	6 27 t Safety A . System	28 29 Airbag Airba Status Switch	g 30 Eject Code	31 Trap Code	32 Injury Trai Status Coo	nsp. de Medical Fa	cility
Operator			See Above				- 1	1 1	0	0	10 1		
Please Select (of the Followi	I Vehicle	le# Occupants	Non-Motorist A Typ	pe 14	Action	5 Locatio	on 1	Condi	tion	17	Hit	/Run Mo	oped
License#StDOB/Age				Reg#_	eg#								
Sex Lic.		Lic. Restrictions	CDLEndorsment		ar		lake				Veh Cor		
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Insurance Company					Action Prior to		22	Da 22 2	amaged	l Area		Circle Up to T	nree)
Vehicle Travel Direction: NSEW Responding to Emergency?				Event Sequence 10 Undercarriage									
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		r operator and all o		Underri	de/Override	20 Seat	Towed 6 27	28 29 Airbag Airba	30	31 Trap	.32	33	
Name (Last F	irst Middle)		Address		Age/DOB	Sex Pos	s. System	Airbag Airba Status Swit	g Eject ch Code	Code	njury Trai Status Co	nsp. ode Medical F	acility
Operator/	Non-Motorist		See Above				-						
		l				'							



Crash Narrative:

ON 2-4-22 AT APPROX. 1325HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT UPON ARRIVAL AT
THE INTERSECTION OF WALTHAM AND PLEASANT I SPOKE TO THE DRIVER OF VEHICLE #1. DRIVER STATES HE WAS HEADING
E-BOUND ON PLEASANT ST STOPPED AT THE STOP SIGN. HE STATES VEHICLE #3 SWERVED INTO HIM HITTING THE FRONT OF
HIS VEHICLE. THE HIT PUSHED VEHICLE #3 ONTO THE OTHER SIDE OF WALTHAM ST WHERE HE SMASHED INTO VEHICLE #2.

VEHICLE #2 STATES HE WAS TRAVELING N-BOUND ON WALTHAM WHEN VEHICLE #3 CROSSED THE YELLOW LINE INTO HIS LANE
AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #3 STATES HE WAS TRAVELING S-BOUND ON WALTHAM ST. AS HE

APPROACHED PLEASANT ST VEHICLE #1 ENTERED THE ROADWAY HITTING HIS VEHICLE AND FORCING HIM TO THE OPPOSITE

LANE WHERE HE SMASHED HEAD ON INTO VEHICLE #2. VEHICLE #1 HAD MINOR LEFT FRONT QTR PANEL SCRAPES AND PAINT

TRANSFER. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND AIRBAG DEPLOYMENT. VEHICLE #3 HAD EXTENSIVE FRONT END

(Continued on next page) Witnesses: Address Name (Last, First, Middle) Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration #_____(From Vehicle Section) 35 Carrier Name_ ___ Carrier Issuing Authority Code ____ City____ Address_ US DOT #: ____ State Number ____ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit #

THOMAS P WALSH			NEWTON POLICE DEPARTM		02/04/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	▶ Direction 1 =	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	į	☐ Mall/Shopping Center
					☐ Other Private Way
	- – – – –				Indicate North by Arrow
		 		 	
Crash Narrative:					
DAMAGE AND AIRBAG DEPLOYME	NT. DRIVER OF VE	HICLE #1 AN	D #3 REPORTED	NO INJURIES AN	SIGNED PATIENT REFUSALS.
DRIVER OF VEHICLE #2 WAS T					
WAS OPERATIONAL AND LEFT T				BY TODYS. ALL PA	ARTIES ADVISED TO CONTACT
THEIR INSURANCE COMPANIES.	CLEARED WITHOUT	FURTHER IN	CIDENT.		
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Descript	ion of Damaged Property
Truck and Bus Information:	Registration #		(F. 11)	1:10 (:)	
Carrier Name	Registration #		(From ve	hicle Section)	Carrier Issuing Authority Code 35
Address		· · · · · · · · · · · · · · · · · · ·	City		St Zip
US DOT #:	State Number		Issuing State	ICC #:	Interstate 36
Cargo Body Type Code Grow	ss Vehicle Weight	38			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer Leng	ih 39
Hazmat Information:					
Placard 40 Material 1 digit #	Material Nam	ne		Material 4 digit #	Release code 42
THOMAS P WALSH			New	TON POLICE DEPARTM	02/04/2022
Police Officer Name (Please Print)	Signature				recinct/Barracks Date