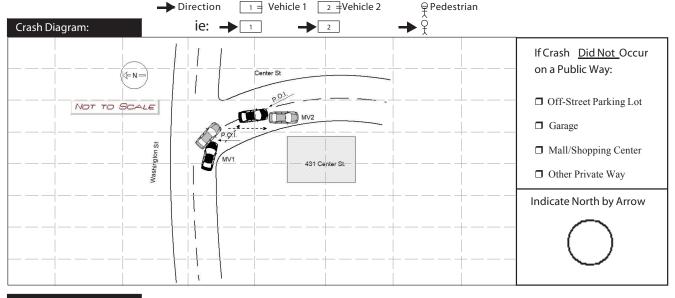
	Poli	ice Use Only		Commo	onwealt	h o	f Mas	sac	hus	etts			RM	V Doc		ıt Number	
	Date of Crash 02/07/2022	Time of Crash 16:06 24HR	NEWTON	Town	Motor V Polic		icle Ci Report			umber chicles	Nun Inju 0	red La	eed Lim titude _ ngitude		L N	tate Police ocal Police IBTA Police other:	XI O
			RSECTION:			CAT		>			N	OT AT			ECT	ION:	
							sou	ТН	431		CEN	TRE ST					
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street											
						Feet NSEW of or Exit Number									-		
	Route# Direc	ction 1		ing Roadway/Street ersection with		-[-	Feet	N S	S E W	of							
² 2							Feet	N S	S E W	of	Rou	ite#	Intersec	cting R	.oadwa	y/Street	4
	Route# Direc	tion	Name of Inters	ecting Roadway/Stre	eet	Landmark										_ -	
³ 3	XVehicle1	2_#Occupants	X Hit/Rur	Moped	Case Nu	mber			22000	118							1
	License#		St		I	Reg#2	CE427				_Reg	Type_PA	AN	R	eg Stat		
	Sex_M Lic.	Class D 18 1	Lic. Restriction	ons 1 CDL	,	Veh Yea	ar_2011		_Veh M	ake_H	YUN			_Veh	Config	g. 20	
4 1	Operator DEV		GEORGE	Endoi	rsment (Owner (Same as operator) Last First Middle Address										-	
		HERITON RD (a														-	
	City WEST RO			tate MA Zip 021		CityStateZip											
5			IMERCE INSUE			$\begin{bmatrix} 22 & 22 & 22 & 22 \\ 22 & 22 & 22 & 22 $										ee)	
		Direction: N		sponding to Emerge			Sequence armful Ever	-	23					\overline{A}		10 Undercarri	iage
	`	/		on 2: Ch Sec			Contributing		1	24	24	1	9	4	5	11 Totaled	
⁶ 2	1			on 4: ChSec_		Underride/Override 25 Towed N 6											
	Please fill out for operator and all occupants involved							<u> </u>	26 Seat	27 Safety	28 Airbag	29 S Airbag Eje	30 31 ct Trap	32 Injury	33 Transp.		ty
	Name (Last Fir			See A	bove		Age/DOB	Se		\$ystem 1	Status 5	1 0	de Code 0	\$tatus	Code 1	Medical Facilit	ty -
	ANTONIOS,	ANTHONY		5 MOUNT PLEASA OLBROOK, MA	NT AVE			М	6	4	4	1 0	0	10	1		
				•													
7																	
1	Please Select C of the Followi	I X Vehicle	e 2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14	Action	15	Location		16 Co	ondition	17	X	Hit/Ru	un Mop	ed
	License#		St N		I	RS44HP			Reg Type_PAN			Reg State MA			-]		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions T 19 CDL_Endorsment				Veh Year 2010 Veh Make PORSCHE Veh Config. 1												
1	Operator NA	Last	ASHISH First	Mid	(Owner (Same as operator) Last First Middle								-			
	Address 16 VOSS TERRACE					Address								-			
	City NEWTON State MA Zip 02459 Insurance Company THE COMMERCE INSURANCE					City State Zip Vehicle Action Prior to Crash								- e)			
						venicie Action Prior to Clash 3											
Vehicle Travel Direction: NXEW Responding to Emergency?						Event Sequence 1 10 Undercarriag									iage		
Violation 1: Ch Sec Violation 2: Ch Sec						Most Harmful Event 1 9 9 11 Totaled Driver Contributing Code 97 24 24											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed N 8 7 6											
	Pl Name (Last Fi		operator and a	ll occupants invol	ved		Age/DOI		26 Seat Pos.	27 Safety System	28 Airbag	29 3 Airbag Eje Switch Co	0 31 Frap ode Code	32 Injury	33 Transp.	Medical Facil	itu
		Non-Motorist		See Al			Age/DOI		ex Pos.		4	1 0	0	Status 10	Code 1	wicuical Facil	ıcy
																	\dashv



Crash Narrative:

(Continued on next page)

On 02/07/22 I was dispatched to Washington St. @ Center St. for a two car motor vehicle accident. Upon arrival the operator of MV1 stated that he was driving on the right lane of Washington St and turned right to merge onto Center St (S/B). The operator of MV1 stated that the operator of MV2 was in the middle lane when he tried to merge onto the right lane which caused MV1 to hit MV2 on the right side of the bumbler. As they continued driving straight MV2 stopped which caused MV1 to tap the rear bumper of MV2 Causing minor damages to the bumper.

The operator of MV2 stated that he was the one driving on right lane when the operator of MV1 hit him in the rear bumper. The operator of MV2 stated that he had the right away which is why MV1 crashed into his bumper.

I asked the operator of the of MV2 how did he get damage on the right side of his vehicle to which he replied

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)			35
Carrier Name					Carrier Iss	suing Authority Coc	le
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code Gros	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr			
Hazmat Information:							
Placard 40 Material 1 digit #	Material Na	me		Material 4	digit #	Release code	42

ELMER ACUNA		NEWTON POLICE DEPARTM	02/07/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1		≥ =Vehicle 2	₽ Pedestrian		
Crash Diagram:	ie: → 1	→ 2	2	→Ŷ		
			 		If Crash <u>Did Not</u> O on a Public Way:	ccur
					Off-Street Parking	Lot
					☐ Garage	
			+		☐ Mall/Shopping Cer	ntar
		<u></u>				
					Other Private Way	
					Indicate North by Ar	row
		 	 			
Crash Narrative:						
he was not sure, and that	it was there al	lready. He t	then continu	ed to say that	he must of hit the snow	bank
which caused the damage b	out the snow bank	was a lot l	ower than w	here the damag	e was. Based on my obse	rvation
the damage is consistent	with what the or	perator of MV	71 stated.			
Medics arrived on scene a	nd both operator	rs denied med	lical attent	ion.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		-				
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property	
Truck and Bus Information:				Vehicle Section)		35
Carrier Name					Carrier Issuing Authority Code	;
Address			City		St Zip	
US DOT #:	State Number		Issuing State _	ICC #:	Interstate	36
Cargo Body Type Code 37 Gi	ross Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trailer	Length 39	
Hazmat Information:						
Placard 40 Material 1 digi	# 41 Material Na	ame		Material 4 digit	# Release code	42
ELMED ACTIVIA					on to = text	22
ELMER ACUNA Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks Date	