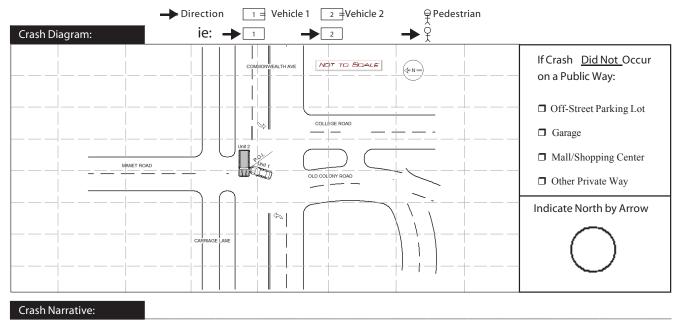
	Poli	ice Use Only		Commonwea	lth o	of Massa	achus	setts			RMV	V Docun	nent Number	
	Date of Crash 02/27/2022	Time of Crash 13:17 24HR	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Numbe Injured	l Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCAT		>						CTION:	\lnot $-$
	WES	т сомм	IONWEALTH AV	F	П									2
$egin{pmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc			Roadway/Street	j	Route# Direction	on Addi	ress #		Na	me of F	Roadway/	Street	$ 2^1$
1	NORTH OLD COLONY RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of or								$ \frac{2}{}$
						Mile Marker Exit Nun						Exit Number	_	
						Feet N S E W of Route# Intersecting Ro						ting Road	dway/Street	-
2 1						Feet N S E W of								3
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								\dashv
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number 22000187									
	License#		St MA		Reg # 850WPB Reg Type PAN Reg State MA									
	Sex_F Lic.	Class D 18 1	Lic. Restriction	CDLEndorsment	Veh Ye	ear 2018	Veh N	/lake_NI	SSAN			Veh Co	nfig. 20	
4 1		LLIANIOTES Last		Endorsment	Owner (Same as operator) Last First Middle									$ 1^1$
1	Address 588 B	OSTON POST I	ROAD (apt. 302)			SS								-
	City WESTON	N	Sta	te_MA _ Zip _02493	City_						_State	2	Zip	_
	Insurance Com	npany_GEICO			Vehicle	e Action Prior to	Crash	4		U	d Area	Code: (0	Circle Up to Thr	ee)
5 1	Vehicle Travel	Direction: X	S E W Resp	onding to Emergency? N	Event	Sequence 1 2	22 22	22	22 €		3		4	
	Citation # (If I	ssued)			Most I	Harmful Event	1 23		0	+	9	$\int \cdot \cdot $	10 Undercarr 5 11 Totaled	iage
6	Violation	1: ChSec	C Violation	2: ChSec	Driver	Contributing Co		24	24		$\sqrt{1}$	\sum	6	
⁶ 1	Violation 3: ChSecViolation 4: ChSec					Underride/Override Towed Y								
	Please : Name (Last Fir		ator and all occup	pants involved Address	Age/DOB Sex Pos. System Bitatus Writer Code Code Status Code Medical Facility						1^{1}			
	Operator			See Above				- 1	1 4	0	0	10 1		
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	4 Action 1	5 Locati		16 Conc	lition	17	Hit	t/Run Mop	ped
	License# St MA DOB/Age				Reg#	Reg Type PAN Reg State MA								
	Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2021 Veh Make JEEP Veh Config. 2								
8 1	Operator KRAMER SHERRY Last First Middle				Owner CCAP AUTO LEASE Last First Middle								_	
	Address 226 COMMONWEALTH AVE (apt. 1)				Address PO BOX 961272								_	
	City NEWTON State MA Zip 02467					City FORT WORTH State TX Zip 70161							_	
	Insurance Company AMERICAN FAMILY CONNECT				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)								ee)	
	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 1 22 22 22 2 3 4									
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								riage
						Driver Contributing Code 1 24 24								
	Violatio	Violation 3: ChSecViolation 4: ChSec				Underride/Override Towed Y								
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB	Sex Po	6 27 t Safety s. System	28 2 Airbag Airl Status Sw	9 30 Eject itch Cod	Trap le Code	Injury Tra	33 insp. ode Medical Faci	ility
		Non-Motorist		See Above				- 1	4 4	0	0	10 1		
								+						



On 02/27/2022, while assigned to N496, I, Officer Conary, and Officer Tocci (N494), responded to the area of Commonwealth Ave and Old Colony Road, for a MVA with airbag deployment. Upon arrival, I saw MV1 head on into MV2 left front driver's side. I met with a witness who stated that she was running down the street when she saw the collision. The witness said that MV1 was traveling Eastbound on Commonwealth Ave when they began to make a left turn onto Manet Road. MV1 hit Mv2. She said MV2 was traveling Westbound on Commonwealth Ave.

I spoke with Operator of MV1 who stated that she was traveling Eastbound on Commonwealth Ave when she stopped in the left turn lane to turn onto Manet Road. Operator of MV1 said she was hit by MV2.

I spoke with Operator of MV2 who stated that she was traveling Westbound on Commonwealth Ave when she was

(Continued on next page)				
W itnesses:				
Name (Last, First, Middle)	Address			Phone # Statement
Property Damage:				
Owner (Last, First, Middle) Address		Phone #	34-Type	Description of Damaged Property
Total and David Consoling				
		(From Vehi	cle Section)	35
Truck and Bus Information: Registration # Carrier Name		(From Vehi	cle Section)	Carrier Issuing Authority Code 35
10gistiation //		(From Vehic		Carrier Issuing Authority Code
Carrier NameAddress		City		Carrier Issuing Authority Code
Carrier Name Address US DOT #: State Number		City		Carrier Issuing Authority Code St Zip
Carrier Name Address US DOT #: State Number Cargo Body Type Code 37 Gross Vehicle Weight	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: State Number	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36
Carrier Name Address US DOT #: State Number Cargo Body Type Code 37 Gross Vehicle Weight	38	_ City Issuing State	ICC#:_	Carrier Issuing Authority Code St Zip Interstate 36

KRISTINA CONARY			NEWTON POLICE DEPARTM		02/27/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

-	Direction 1 =	Vehicle 1 2	+Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	→ 2	_	▶ ♀		
Crash Diagram:					If Crash Did Not on a Public Way: Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot 'enter
C IN C						
Crash Narrative:						
struck by MV1.						
Both vehicles were towed		erators sig	ned patient i	reiusais.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Co	de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC#:	Interstate	36
37		38			- Interstate	
Cargo Body Type Code Gr	oss Vehicle Weight				39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material Nam	ne		Material 4 digit	# Release code	42
VIDVOTTIVA CONVICTO						
RISTINA CONARY Police Officer Name (Places Print)	C:			VION POLICE DEPARTA	02/27/2	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks Dat	.e

CDP1 11 ·24·00