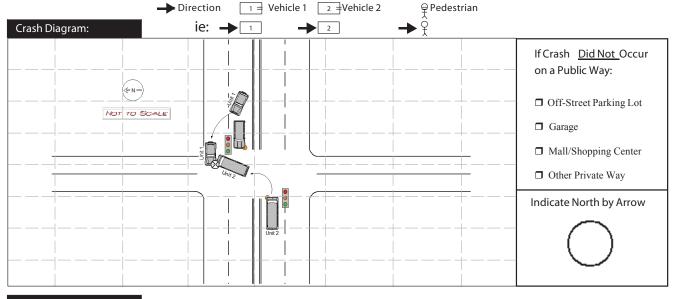
	Poli	ice Use Only		Common	wealth	of Mass	sach	uset	tts		RM	V Docu	ment Number	
	Date of Crash 02/28/2022	Time of Crash 19:32	City/To	wn Mo	otor V	ehicle Cr	ash	Num			Speed Lim Latitude _		State Police Local Police MBTA Polic	N N
	02/20/2022	24HR	NEWTON			Report		2	0		ongitude.		Other:	е 🔟
		AT INTER	SECTION:	<	LOC	CATION	>		N	OT A	T INT	ERSE	CTION:	十
		LOWEL	L AVE											\vdash
1 4	Route# Direc	tion		Roadway/Street		Route# Direc	tion A	ddress	#		Name of I	Roadway	//Street	
	At WASHINGTON ST					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								
	Also at Intersection with					Feet NSEW of Route# Intersecting Roadway/Street								-
2 1	1					Feet NSEW of								
	Route# Direction Name of Intersecting Roadway/Street					Landmark								
3	XVehicle1 1_#Occupants ☐ Hit/Run ☐ Moped Case I					er	2	200019	00					
	License#		St M	A DOB/Age	Re	g # 6JXE60			Res	Type l	PAN	Reg	State_MA	
		18 18 19					V	h Mak					20	
4	Operator ANGELUCCI AVA Endorsment				ient Ow	Veh Year 2013 Veh Make JEEP Veh Config. 2 Owner ANGELUCCI DANTE								
3	Address 621 S	OUTH AVE	First	Middle		Address 621 SOUTH AVE								
	City WESTON State MA Zip 02493													
	Insurance Company COMMERCE					Valida Astina Prim to Corola 21 Damaged Area Code: (Circle Un to Three)								
5	1			oonding to Emergency		ent Sequence 1	22 1		2 22	2	3		4	
1		ssued)		remaining to Emergene.		Most Harmful Event 1 23 10 Undercarriage								
				2: Ch Sec		ver Contributing		1 24	24	1	- 9	$\downarrow \downarrow$	5 11 Totaled	
⁶ 1	1			4: Ch Sec		derride/Override	2	7	owed N	0	7		6	
	Please		derride, o verride				29 Airbag I Switch	30 31 Eject Trap Code Code	32 Injury Ti	33 ransp.				
	Name (Last Fir			Address See Abov		Age/DOB	Sex	Pos. Sy			Code Code 0 0	Status C	Ode Medical Fac	eility
	Орегатог			500 7100				1	4	4	0 0	10	1	
⁷ 2	Please Select C of the Followi		2 <u>1</u> #Occupan	ts Non-Motoris	st A Type	14 Action	15 Loc	eation	16 C	ondition	17	Пн	lit/Run Mo	ped
	License# St MA DOB/Age				Re	Reg# 1DPA60					Reg Type_PANReg State_			_]
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2012 Veh Make HONDA Veh Config. 20								
8 1	Operator ZAFIROPOULOS MARTHA Last First Middle				Ow	Owner (Same as operator)								_
	Address 108 EDGEWOOD RD					Address								
	City WESTWOOD State MA Zip 02090					StateZip								
	Insurance Company SAFETY INSURANCE					Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)								nree)
	Vehicle Travel Direction: NSWW Responding to Emergency?N				ey? <u>N</u> Eve	Event Sequence 1 22 22 22 2 3 4								
	Citation # (If I	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled								
	Violatio	Dri	Driver Contributing Code 1 24 24											
	Violatio	n 3: ChSe	Un	Underride/Override 25 Towed N 6										
			operator and all	occupants involved				26 Seat Sa	27 28 afety Airbag	29 Airbag	30 31 Eject Trap		33 ransp.	
	Name (Last Fi	rst Middle) Non-Motorist		Addres See Abox		Age/DOB	Sex	Pos. S	ystem Status 4		Code Code 0 0	Status 0	Code Medical Fa	cility
	*							+	<u> </u>					
								+	-					
										1 1				



Crash Narrative:

MV1 was traveling WESTBOUND on Washington St when MV2 collided with her. MV1 operator stated that she was driving straight through the four-way intersection at Lowell Ave with a green light when MV2 collided with her while they were taking a left turn onto Lowell Ave from Washington St. MV2 operator stated that she was traveling EASTBOUND on Washington St, signaled to turn left onto Lowell Ave and proceeded through the intersection when she felt it was safe. MV2 operator believed that MV1 swerved around the vehicle in front of her signaling to turn left and sped through the intersection at a high rate of speed. MV2 stated that she did not see MV1 coming. MV1 damage was to the driver's side fender and MV2 had minimal damage to its driver side fender as well. No injuries reported and both vehicles were safely operable from the scene.

Witnesses:										
Name (Last, First, Middle)		Address				Phone #		Statement		
Property Damage:										
Owner (Last, First, Middle)	Phone # 34-Type Desc				ription of Damag					
Truck and Bus Information: Registration #(From Vehicle Section) 35										
Carrier Name						Carrier Issui	ng Authority Cod			
Address			City			St	Zip			
US DOT #:	State Number		Issuing State	ICC #:_			_ Interstate	36		
Cargo Body Type Code 37 Gross	s Vehicle Weight	38				39				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer L					
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	!	Release code	42		

ALEX N KANE	38800	NEWTON POLICE DEPARTM	02/28/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date