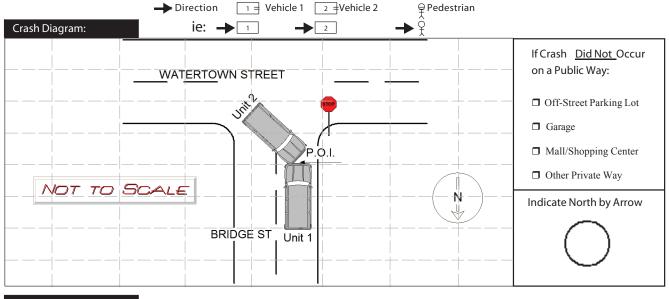
	Poli	ice Use Only		Commonwea	alth o	of Mass	achu	setts			RMV	V Docur	ment Number	
	Date of Crash 03/01/2022	Time of Crash 09:32 24HR	NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		Latit	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi O
			RSECTION:		LOCA		>						CTION:	\neg \vdash
	SOU	TH BRIDG	E ST											2
1	Route# Direct			Roadway/Street		Route# Direction	on Ado	ress #		Na	me of R	Roadway	/Street	$ \frac{1}{2}$
	16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street					Feet NSEWof or								2
						Feet NSEW of							Exit Number	_
			Also at Inters	ection with				_	Route	-	Intersec	ting Roa	dway/Street	-
² 2	Route# Direct	tion	Name of Intersec	ting Roadway/Street		Feet	N S E	V of						6
3						Landmark								
	X Vehicle1	1_#Occupants	Hit/Run	Moped Case	Number		220	000191						_
	License#	18 1	St MA	DOB/Age	Reg#	4DKA19			Reg T	pe_PAI	N	Reg	State MA	_
	Sex_M Lic. 0	Class D	Lic. Restriction		Veh Y	ear_2022	Veh	Make_H	ONDA			Veh Co	onfig. 2	
⁴ 2	Operator ENC	OH Last	EZONG First	Middle	Owner	(Same as ope	rator)		First			Middle		- 1
		MORTON STRE			Addre	SS								-
	City BOSTON			te_MA Zip_02126	City_								Zip	
[-	Insurance Com	pany PROGRES	SSIVE		Vehicl	e Action Prior to		1				Code: (0	Circle Up to Thr	ee)
5 1	Vehicle Travel	Direction: N	X E W Resp	onding to Emergency? N	Event	Sequence 1	22 22	22	22 2		3		4	
	`	ssued)			Most I	Harmful Event	1 23	24	0	←	9	[]	10 Undercarr 5 11 Totaled	age
6]			2: ChSec	Driver	Contributing C	ode 1) 6	
⁶ 5				4: ChSec	Under	ride/Override		Towe	d_N		. 21	1 22 1		1
	Please fill out for operator and all occupants involved Name (Last First Middle) Address										ode Medical Facili	1		
	Operator			See Above				1	4 99	0	0	9 1	NONE	
⁷ 3	Please Select C of the Followin	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Ty	rpe 1	Action 1	15 Locat		16 Cond	lition	17	Hi	t/Run Mop	ped
	License#		St		Reg#	Reg # 1CV892 Reg					leg Type_PAN Reg State_MA			_
	Sex_M Lic. 0	Sex_M Lic. Class D 18 18 Lic. Restrictions B 19 CDL					Veh Year 2011 Veh Make TOYOTA Veh Config. 2							
8 1	Operator RAHMAN NAVEED Endorsment				Owner (Same as operator) Last First Middle								_	
-	Address 19 MAUDE TERR First Middle				Address								_	
	City WATERTOWN State MA Zip 02472					CityStateZip								_
Insurance Company LIBERTY MUTUAL					Vehicl	e Action Prior to	o Crash	3 2	1	Damage	d Area	Code: (Circle Up to Thr	ee)
	Vehicle Travel	Direction:	S E W Res	ponding to Emergency? N	Event	Event Sequence 1 22 22 22 22 3 4								
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 12 24 24 5 11 Totaled								riage
	Violation	Underride/Override 25 Towed N 7 6												
	Plo Name (Last Fi		operator and all	occupants involved		Age/DOB		26 27 cat Safety os. System	28 2 Airbag Airl Status Sw	9 30 Eject itch Cod	Trap Code		33 ansp. Code Medical Faci	ility
		Non-Motorist		See Above				1	4 99		0	10 1		



Crash Narrative:

The Operator of MV1 (Ma Reg 4DKA19) was traveling SB on Bridge St approaching the stop sign at Watertown

Street when his vehicle was struck head on. Operator of MV1 stated the operator of MV2 came into his lane of traffic when he turned onto Bridge Street.

The Operator of MV2 (Ma reg 1CV892) stated he was traveling WB on Watertown Street when he turned right onto Bridge Street. Operator of MV2 stated he lost control of his vehicle do to ice on the roadway. This caused his vehicle to swerve into the oncoming lane striking MV1 head on.

Both vehicle sustained minor damage and did not require a tow. Medic 2 arrived on scene to evaluate the operator of MV1 for possible minor injuries. Operator of MV1 signed a refusal and both parties drove away from the scene safely.

W itnesses:								
Name (Last, First, Middle)	Address			Phone #	Statement			
Property Damage:								
Owner (Last, First, Middle)		Phone #	34-Type	Descript	ion of Dama	ged Property		
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25
Truck and Bus Information: Carrier Name				cle Section)		_ Carrier Issu	uing Authority Co	ode 35
								ode
Carrier Name			City			St	Zip	ode
Carrier NameAddressUS DOT #:			City			St	Zip	ode
Carrier Name Address US DOT #:			City			St	Zip	ode
Carrier Name Address US DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode
Carrier Name	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	ode
Carrier Name Address US DOT #: Cargo Body Type Code Trailer Reg #:	State Numberss Vehicle WeightReg Type	38 Reg State	City Issuing State	ICC#:_ Tr	ailer Leng	St	ZipInterstate	ode

MARK D HAGOPIAN			NEWTON POLICE DEPARTM		03/01/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date