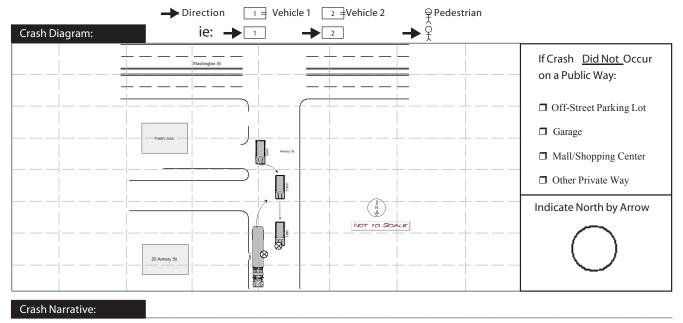
	Poli	ice Use Only		Commo	nwealth	of N	Iass	ach	use	etts			RM	V Doci	umen	t Number	
	Date of Crash 03/04/2022	Time of Crash 06:53	NEWTON	own N	Aotor Vo Police			sh		mber nicles	Numb Injure	ed Lat	ed Lim itude _ ngitude		St L	tate Police ocal Police IBTA Police ther:	XI D
			RSECTION:			CATION		>					INT				_
							NORTH	ı 25	5		ARM	ORY ST	ſ				- 2
1 1	Route# Direc	tion	Name o	f Roadway/Street		Route#	Direction	on A	.ddress	s #		N	ame of l	Roadwa	ay/Stre	eet	
				At			Feet []	N S E	W c	of –			•	or		1. NY . 1	
	Route# Direc	ction 1		ing Roadway/Street			Feet 1	N W F	w c	of	16	Marker W	ASHIN	GTON		xit Number	\dashv
2			Also at Inte	ersection with			Feet [Route					y/Street	٠
1 1	Route# Direc	tion	Name of Inters	ecting Roadway/Stre	eet	-	reet [N 5 I	4 1 1	,1			La	ndmark	·		$ \begin{vmatrix} 3 \end{vmatrix}$
3	X Vehicle 1	_1_#Occupants	s Hit/Rur	Moped	G N				20000	204			Lu	i i di i i di	•		7
	_	roccupunts			Case Num				220002	201							_
	License#		St	19		eg # <u>63812</u>				EDI		ype_AI	'N		g Stat	20	
4	Sex_M_ Lic.		Lic. Restriction		sment	eh Year 201			eh Mal	ke	EIGHI			_Veh (Config	8	
1	Operator NEI Address 427 G		First	Mide	die	vner RYI	Las	ST.			First			Mid	dle		. [
	City SPRING		c	tate MA Zip 011		Address 99 MURPHY RD City HARTFORD State CT Zip 06114											
			NTREGATED LI			ehicle Action		Crash		21]					le Up to Thre	e)
5	1	Direction: N		sponding to Emerge		ent Seque	_			22	22 2	!	3		4		
	Citation # (If I			1 6 6	-	ost Harmfu		1 2	3							10 Undercarri	age
	Violation	1: ChSe	ec Violatic	n 2: ChSec_	Dr	iver Contr	ا buting Co	Г	1 2	4	24	-			\int_{0}^{∞}	11 Totaled	
1	Violation	Violation 3: ChSecViolation 4: ChSec						Underride/Override 25 Towed N 8 7 6									
	Please		rator and all occ	upants involved	Iress	Δ.	ge/DOB	Sex	26 Seat Pos.	27 Safety A	28 Jirbag Ai Status Sv	29 3 rbag Eje	0 31 ct Trap de Code	32 Injury Status	33 Fransp. Code	Medical Facilit	, 1
	Operator	or middle)		See Al							4 4		0		1		
																	\dashv
7 1	Please Select C of the Followi	IX Vehicle	e2 <u>1</u> #Occupa	nts Non-Moto	orist A Type	14 Ac	ion 1	I5 Loc	cation	1	6 Cor	dition	17		Hit/Ru	ın Mope	ed
	License # St MA DOB/Age				Re	Reg # 515DW2 Reg Type PAN Reg State MA								е МА			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2017 Veh Make MERZ Veh Config. 20											
1	Operator NIC	COLAS	GOSNEL	Endor	Ov	vner (San	ne as ope	rator)			First			Mid	dle		.
	Address 51 PC	OND ST (apt. 15	5)	WIIU		ldress								Wild			
	City WALTHAM State MA Zip 02451				.51 Ci	City State Zip											
	Insurance Company GOVERNMENT EMPLOYEES					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel Direction: $X \to W$ Responding to Emergency? N					Event Sequence 23 4 10 Undercarriage											
	, , , , , , , , , , , , , , , , , , ,					Most Harmful Event 1 9 5 11 Totaled								age			
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1											
			Sec Violati			nderride/Ov	erride		1	owed_			0 31] 32	33		_
	Name (Last Fi	irst Middle)	operator and a		dress		ge/DOB	Sex		System	irbag Ai Status S	29 S rbag Eje witch Co	0 31 Ct Trap ode Code	Injury Status	Fransp. Code	Medical Facili	ty
	Operator/	Non-Motorist		See Al	pove					1	4 4	0	0	10	1		_
											\perp						



MV1 was making a delivery to Trader Joes with a 3-axle truck/trailer when he began to back his trailer into the business' driveway he heard an unusual sound. He did not see any vehicles in his rear view while he was backing but saw MV2 had collided with his trailer at the loading jack. MV2 stated that they were heading into work at 25 Armory St when they noticed a tractor trailer parked. MV2 went around the trailer when he felt it was safe to do so and stated that all of the sudden the trailer began backing and he couldn't get out of the way. MV2 operator stated he beeped his horn repeatedly. No injuries and both vehicles were operable. MV1 had no damage while MV2 had damage to its front hood.

Witnesses:										
Name (Last, First, Middle)	Address		Phone	Phone #						
Property Damage:										
Owner (Last, First, Middle)		Phone #	34-Type	Description of Dama	otion of Damaged Property					
Truck and Bus Information:	Registration # 6381	12	(From Vehic	le Section)						
Carrier Name RYDER TRUCK RENTAL INC Carrier Issuing Authority Code										
Address 99 MURPHY ST	(City_HARTFORD	St_CT	Zip_0611	4					
US DOT #: 00016542	State Number	Issuing State CONNEC ICC #: Interstate 99 36								
Cargo Body Type Code 6 Gros	ss Vehicle Weight 3	38			[
Trailer Reg #: AJ72595 Reg Type TRN Reg State CONNEC Reg Year 2023 Trailer Length 3										
Hazmat Information:										
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	_ Release code	42			

ALEX N KANE	38800	NEWTON POLICE DEPARTM		03/04/2022	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date