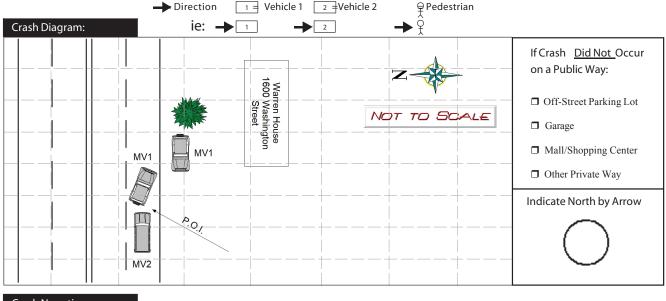
[Poli	ice Use Only		Commonwea	alth o	f Massa	achus	setts			RM	V Docu	ıment N	Number	
	Date of Crash 03/23/2022	Time of Crasl 10:46	NEWTON	MIOTOI		icle Cra Report	\	Number /ehicles 2	Numl Injur	ed Lati	ed Limitude _		State Loca MB	e Police [al Police] TA Police [er:	ב מ
ľ			RSECTION:		LOCAT		>		NO	T AT			CTIC	N:	┺
					1	6 EAST	1600		WASI	HINGTO	ON ST				2
1 1	Route# Direc	tion	Name o	f Roadway/Street	F	Route# Direction	on Addı	ress #		Na	me of I	Roadway	y/Street		
_	At					Feet NSEW of or							_ 2		
	Route# Direc	ction	Name of Intersecti	ng Roadway/Street	-				Mile	Marker			Exit	Number	_
			Also at Inte	rsection with	-	Feet [N S E W	of	Rout	e#	Intersec	ting Ro	adway/S	Street	H
1	D	<u></u>	N Cl., t	D. Janes Charles		Feet [N S E W	of							2
3	Route# Direction Name of Intersecting Roadway/Street				Landmark								4		
1	XVehicle1	_1_#Occupant	ts Hit/Run	Moped Case	Number		220	00242							
	License#		St_M		Reg#_3	XLK31			_Reg]	ype_PA	N	Reg	g State_I		
	Sex_M Lic.	Class D 18	Lic. Restrictio		Veh Ye	ar_2007	Veh N	Make_JEI	EP			_Veh C	onfig.	1 20	
1_1	Operator POC		JESUS First	Endorsment	Owner	(Same as open	rator)		First			Middl	le.		1
1	Address 31 BF	ROOKFIELD S	T (apt. 2)		Owner Game as operator) Last First Middle Address								F		
	City LAWRENCE State MA Zip 01843														
	Insurance Com	npany THE HAI	NOVER INS COM	<u>ПР</u>	Vehicle	Action Prior to	Crash	3 21	1	Damage	ed Area	Code: ((Circle	Up to Three)
,	Vehicle Travel	Direction: N	N S X W Res	ponding to Emergency? N	Event S	Sequence 1	22 97 22 1	22	22	2	3		(4)		
	Citation # (If I	ssued)			Most H	armful Event [1 23		:	—	9	$\left\{ \right\}$	_	Undercarria Totaled	ge
	Violation	1: ChS	ec Violatio	n 2: ChSec	Driver	Contributing Co		24 1			<u>V</u>		6		
1	Violation 3: ChSecViolation 4: ChSec				Underride/Override Towed Y										
	Please to Name (Last Fir		erator and all occu	ipants involved Address		Age/DOB	Sex Pos	26 27 st Safety s. System	28 Airbag Ai Status Sv	29 Signature 29 Eject Code	31 Trap Code	32 Injury Tr Status C	ransp.	fedical Facility	1
	Operator			See Above				99	4	0	0	9 2	2 N	WH	╧
													\top		7
7 1	Please Select C	I X Vehic	le2 1_#Occupar	nts Non-Motorist A Ty	rpe 14	Action 1	Locati		Cor	dition	17	Пн	lit/Run	Море	d
	License# St MA DOB/Age				Reg#1	Reg # 174XP2 Reg Type PAN Reg State MA						MA	1		
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Ye								20		
2	Endorsment				Owner (Same as operator) Last First Middle										
_	Address 27 LI	TTLE NAHAN	T RD	Middle	Addres	S			First			Middi	ie		
	City NAHANT State MA Zip 01908				CityStateZip										
	Insurance Company OHIO SECURITY INS COMP				Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three))		
	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 22 23 4										
	Citation # (If Issued)				Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							ge			
	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 5 24 24										
	Violation 3: ChSecViolation 4: ChSec				Underride/Override 25 Towed Y 6										
ſ	Pl Name (Last Fi		or operator and al	l occupants involved		Age/DOB	Sex Po	26 27 Safety . System	28 Airbag Ai Status S	29 rbag Ejec witch Coo) 31 t Trap de Code	32 Injury Status	33 ransp.	Medical Facility	, T
Ī		Non-Motorist		See Above					99	0	0	10		ONE	
ļ															
-															-



Crash Narrative:

Due to a language barrier, I spoke with Opr of MV1 through a language line at the hospital. Opr of MV1 stated he was traveling east on Washington Street. At this time, he attemtped to turn right into the Warren House (1600 Washington Street). While turning, he was struck from behind by vehicle #2, which caused him to spin and back into a bush. Opr of MV1 stated he used his blinkers and slowed down. Opr or MV1 suffered injuries and was transported to NWH. MV1 was towed by Tody's.

Opr of MV2 stated she was travling east on Washington Street. Opr of MV2 stated MV1 stopped and she did not see a blinker. At this time, MV2 could not stop in time and struck MV1. MV2 suffered damage and was towed by Tody's.

Witnesses:									
Name (Last, First, Middle)	Address		Phone #	Statement					
Property Damage:									
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damag	cription of Damaged Property				
+									
Truck and Bus Information:	Registration #	(From Vehic	cle Section)						
Carrier Name	Togistation ii	(From vein		Carrier Issui	ing Authority Code 35				
Address		City		St	Zip				
					36				
US DOT#:Si		Issuing State	ICC #:		_ Interstate				
Cargo Body Type Code 37 Gross Vehicle Weight 38									
Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	iler Length 39					
Hazmat Information:									
Placard 40 Material 1 digit #	Material Name		Material 4 d	ligit #	Release code 42				

DANIEL ANDERSON	32456	NEWTON POLICE DEPARTM	03/23/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date