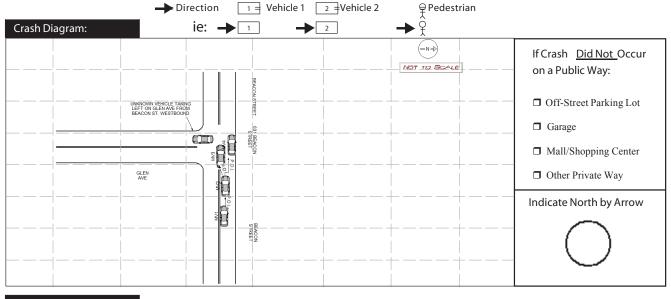
	Poli	ce Use Only		Commo	onwealth	of Ma	assacl	1use	tts		I	RMV I	Docum	ent Number	
	Date of Crash 03/28/2022	Time of Crash 14:04	City/I	Гown	Motor V	ehicle (	Crash	Nun Vehi			Speed Latitud		30	State Police Local Police MBTA Police	□ Xì
	03/20/2022	14:04 24HR				e Repo	rt	4	1	· I	Longit			Other:	
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	SOU	ΓH GLEN A	AVE	At		F	eet N S	E W of			_ • _	or			_   _
	Route# Direc		Name of Intersec	ting Roadway/Street	:	-			N	lile Maı	rker			Exit Number	
			Also at Int	ersection with		F	eet N S	E W of		oute#	Inte	ersectir	ng Roady	vay/Street	-
2 <b>1</b>		<del></del>					eet N S	E W of	f					-	2
	Route# Direct	tion	Name of Inter	secting Roadway/Str	reet							Land	mark		
3	XVehicle1	1_#Occupants	Hit/Ru	n Moped	Case Num	ber		2200025	57						
	License#		St <sup>1</sup>	MA DOB/Age	Re	eg#_9VN392			Re	g Type	PAN		Reg Si	tate_MA	
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4	Operator MO		ANDREW	Endo		wner MORG			BRY						- <b>1</b>
1		OLLIS ST (apt. C	First	Mi	ddle Ac	ddress 59 (apt.	C) HOLLI	IS ST	Fi	rst			Middle		_
	City HOLLIS	гол		State MA Zip 01	746 Ci	ty_HOLLISTO	ON					State_N	<b>∕IA</b> Zi	p_01746	_
	Insurance Com	pany GEICO IN	is		Ve	ehicle Action I	rior to Cra	sh 1	21	Dar	naged A	Area C	ode: (Ci	rcle Up to Thre	ee)
5 <b>2</b>	Vehicle Travel	Direction: N	S E X Re	esponding to Emerge	ency? N Ev	ent Sequence	1 22	22 2	22 22	0_		3		1	
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<sup>6</sup> <b>1</b>	Violation	3: ChSec	c Violatio	on 4: ChSec_	Uı	nderride/Overr	ide	25 T	owed Y	ີ <b>ຍ</b> ີ -		7	•	5	
	Please 1		ator and all occ	cupants involved	Idress	Age/D	OB Sex	26 Seat Sa Pos. Sv	27 28 afety Airbag ystem Status	29 Airbag Switch	30 Eject T Code C	31 Trap Inj	32 3 jury Trans atus Code	sp. Medical Facili	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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7							15		16			45			
3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupa	ants Non-Mot	torist A Type	Action	15 L	ocation	16	Conditio	on	17	Hit/	Run Mop	ed
	License#		St <sup>I</sup>	MA DOB/Age	Re	eg # 2YME95			Re	g Type	PAN		Reg Si	tate MA	
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8 <b>1</b>	Operator ROS		EMMA	Endo	orsment	wner (Same a	s operator								
1		ARISA DRIVE	First	Mi	iddle	ddress	Last		Fir	rst			Middle		
	City W BRIDG	GEWATER		State MA Zip 02		ty						State_	Zi	p	
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	Name (Last Fi	rst Middle)	operator and a	A							Code	Code S	status Coc	le Medical Faci	lity

Poli Date of Crash	ce Use Only Time of Crash	h City/I		onwealt Motor V						Number		RMV d Limi			Number te Police	
03/28/2022	14:04	NEWTON	own	Motor V			asn	Vehi	icles	Injured	Latitu	ıde _		Loc ME	te Police cal Police STA Police	. X
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Vehicle Travel			sponding to Emerg	gency? N	Event S	equence 1	22	_		2 2		3	<u> </u>	<b>(4)</b>		
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Please Select C of the Followin	IX Vahic	le4 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	14	Action	15 Lo	ocation	16	Condit	ion	17		lit/Run	Mo	ped
	19.	St <sup>1</sup>	1A DOD/4 ==		5 " N	IE29SE				Reg Typ	PAN	ı		G	MA	
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Operator JUA		ARTURO		orsment		(Same as ope		en wak	.e				_ ven C	omig.	1	
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City BRAINT			tate MA Zip 02		City	·						State		Zip		_
·		MPLOYEES INS				Action Prior	to Crasl	h [1	21	Da	maged	-			Up to Th	ree)
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		or operator and a	ll occupants invo				T	26 Seat S	27 Air	28 29 bag Airbag	30 Eject	31 Trap		33 ransp.		
Name (Last Fin	rst Middle) Non-Motorist			Address Above		Age/DOB	Sex	Pos. 5	System St	tatus Switc	h Code	Code	Status	Code 1	Medical Fac	cility
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## Crash Narrative:

Operator of MV1 stated he was traveling Westbound on Beacon St. when MV2 stopped short in front of him.

Operator of MV1 further stated he then attempted to stop, however did not have time and collided with MV2.

Operator of MV2 stated she was slowing to a stop at the intersection of Beacon St. at Glen Ave. to let a

vehicle take a left hand turn onto Glen Ave. Operator of MV2 then stated MV1 suddenly rear ended her vehicle.

Operator MV2 further stated due to the rear end impact, her vehicle collided with MV3 in traffic then

collided with MV4 which was parked unoccupied in front of 631 Beacon St. Operator of MV3 stated he was

stopped at the intersection of Beacon St. at Glen Ave. facing Westbound to let a vehicle take a left hand

turn onto Glen Ave. and was rear ended by MV2. Owner of MV4 stated his vehicle was unoccupied and parked at
the time of the accident.

(Continued o	n next page)							
Witnesses:								
Name (Last, First, Middle)	A	Address				Phone #	ŧ	Statement
Property Damage:								•
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
_								
Truck and Bus Information:			(From Vehic			C. i. I.		35
Truck and Bus Information:  Carrier Name			(From Vehic			Carrier Issu	uing Authority Co	
							· ·	de
Carrier Name			City			St	Zip	de
Carrier NameAddressUS DOT #:			City			St	Zip	de
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JUSTIN MARCH		1	NEWTON POLICE DEPARTM		03/28/2022
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	<b>→</b> Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_Occur
					Off-Street Parki	ng Lot
		 			☐ Mall/Shopping	Center
i i	i		İ	į	☐ Other Private W	ay
		+			Indicate North by	Arrow
		 	_ — — — 🕌			
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Crash Narrative:						
MV1 sustained heavy from						
MV3 sustained moderate re						
patient refusal on scene						
possible minor injuries.						e iorm
was filled out for each.	All streets lis	sted are consi	idered publi	c ways in the ci	ity of Newton.	
W itnesses:		1				1-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type Descri	iption of Damaged Property	
Truck and Bus Information:						
				Vehicle Section)	Carrier Issuing Authority Co	35
Carrier Name						ode
Address						36
US DOT #:		38	Issuing State _	ICC#:	Interstate	30
Cargo Body Type Code	Gross Vehicle Weight	30			20	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Trailer Le	ngth 39	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material 1	Name		Material 4 digit #	Release code	42
					L	
JUSTIN MARCH				NEWTON POLICE DEPARTS	03/28/	(2022